

STATE OF SOUTH DAKOTA
CONSULTING CONTRACT

AGREEMENT made and entered into this 1st day of April, 2011 by and between the Office of the Governor, 500 E Capital Ave, Pierre, SD 57501, (the "State") and Market Decisions, 75 Washington Ave, Portland, ME 04101 (the "Consultant").

The State hereby enters into this Agreement for services with Consultant in consideration of and pursuant to the terms and conditions set forth herein.

1. The Consultant will perform services for the State as follows:
 - a. The Consultant will provide to the State the background research requested in RFP#25429 specific to Survey of Individuals and Families. The State intends to exercise Option 3: 2,500 completed surveys averaging 15 minutes in length; including an in-person survey design meeting outlined in the Revised Responses to Questions. The Consultant's response to the request for proposal, as it relates to the methods and scope of work for the Survey of Individuals and Families in the response to the RFP submitted to the State before the November 5, 2010 deadline, is a part of this contract. The Revised Responses to Questions, attached as Exhibit A, is also considered part of this contract
 - b. The Consultant will present key findings to the State by August 1, 2011 or on a later date mutually agreed upon between the State and the Consultant.
2. The Consultant's services under this Agreement shall commence on April 1st, 2011 and end on August 15, 2011 unless sooner terminated pursuant to the terms hereof.
3. The Consultant will not use State equipment, supplies or facilities. The Consultant will provide the State with its Employer Identification Number, Federal Tax Identification Number or Social Security Number upon execution of this Agreement.
4. The State will make payment for services to be paid upon satisfactory completion of the services. The State will not pay Consultant's expenses as a separate item. The TOTAL CONTRACT AMOUNT is an amount not to exceed \$101,460.00. Payment will be made pursuant to itemized invoices submitted with a signed state voucher. Payment will be made consistent with SDCL Ch. 5-26.
5. The Consultant agrees to indemnify and hold the State of South Dakota, its officers, agents and employees, harmless from and against any and all actions, suits, damages, liability or other proceedings that may arise as the result of performing services hereunder. This section does not require the Consultant to be responsible for

or defend against claims or damages arising solely from errors or omissions of the State, its officers, agents or employees.

6. The Consultant, at all times during the term of this Agreement, shall obtain and maintain in force applicable insurance coverage of the types and with the limits as follows:

A. Commercial General Liability Insurance: The Consultant shall maintain occurrence based commercial general liability insurance or equivalent form with a limit of not less than \$1,000,000 for each occurrence and \$2,000,000 aggregate.

B. Worker's Compensation Insurance: The Consultant shall procure and maintain workers' compensation and employers' liability insurance as required by South Dakota law.

Before beginning work under this Agreement, Consultant shall furnish the State with properly executed Certificates of Insurance which shall clearly evidence all insurance required in this Agreement. In the event a substantial change in insurance, issuance of a new policy, cancellation or non-renewal of the policy, the Consultant agrees to provide immediate notice to the State and provide a new certificate of insurance showing continuous coverage in the amounts required. Consultant shall furnish copies of insurance policies if requested by the State.

7. While performing services hereunder, the Consultant is an independent contractor and not an officer, agent, or employee of the State of South Dakota.

8. Consultant agrees to report to the State any event encountered in the course of performance of this Agreement which results in injury or death to the person or property of third parties, or which may otherwise subject Consultant or the State to liability. Consultant shall report any such event to the State immediately upon discovery.

Consultant's obligation under this section shall only be to report the occurrence of any event to the State and to make any other report provided for by their duties or applicable law. Consultant's obligation to report shall not require disclosure of any information subject to privilege or confidentiality under law (e.g., attorney-client communications). Reporting to the State under this section shall not excuse or satisfy any obligation of Consultant to report any event to law enforcement or other entities under the requirements of any applicable law.

9. This Agreement may be terminated by either party hereto upon thirty (30) days written notice. In the event the Consultant breaches any of the terms or conditions hereof, this Agreement may be terminated by the State at any time with or without notice. If termination for such a default is effected by the State, any payments due to Consultant at the time of termination may be adjusted to cover any additional costs to the State

because of Consultant's default. Upon termination the State may take over the work and may award another party an agreement to complete the work under this Agreement. If ~~after the State terminates for a default by Consultant it is determined that Consultant was~~ not at fault, then the Consultant shall be paid for eligible services rendered and expenses incurred up to the date of termination.

No party shall be liable for a delay in performance or failure to perform its obligations under this Agreement if such delay or failure is due to acts of God or any other event beyond the control of the parties, including, without limitations, fire, explosion, weather, disease, war, insurrection, civil strife, riots, government action or power failure, provided, however, that the party who is unable to perform resumes performance as soon as possible following the end of the event causing the delay.

10. This Agreement depends upon the continued availability of appropriated funds and expenditure authority from the Legislature for this purpose. If for any reason the Legislature fails to appropriate funds or grant expenditure authority, or funds become unavailable by operation of law or federal funds reductions, this Agreement will be terminated by the State. Termination for any of these reasons is not a default by the State nor does it give rise to a claim against the State.

11. This Agreement may not be assigned without the express prior written consent of the State. This Agreement may not be amended except in writing, which writing shall be expressly identified as a part hereof, and be signed by an authorized representative of each of the parties hereto.

12. This Agreement shall be governed by and construed in accordance with the laws of the State of South Dakota. Any lawsuit pertaining to or affecting this Agreement shall be venued in Circuit Court, Sixth Judicial Circuit, Hughes County, South Dakota.

13. The Consultant will comply with all federal, state and local laws, regulations, ordinances, guidelines, permits and requirements applicable to providing services pursuant to this Agreement, and will be solely responsible for obtaining current information on such requirements.

14. The Consultant may not use subcontractors to perform the services described herein without the express prior written consent of the State. The Consultant will include provisions in its subcontracts requiring its subcontractors to comply with the applicable provisions of this Agreement, to indemnify the State, and to provide insurance coverage for the benefit of the State in a manner consistent with this Agreement. The Consultant will cause its subcontractors, agents, and employees to comply with applicable federal, state and local laws, regulations, ordinances, guidelines, permits and requirements and will adopt such review and inspection procedures as are necessary to assure such compliance.

15. Consultant hereby acknowledges and agrees that all reports, plans, specifications, technical data, miscellaneous drawings, software system programs and

documentation, procedures, or files, operating instructions and procedures, source code(s) and documentation, including those necessary to upgrade and maintain the software program, and all information contained therein provided to the State by the Consultant in connection with its performance of services under this Agreement shall belong to and is the property of the State and will not be used in any way by the Consultant without the written consent of the State. Papers, reports, forms, software programs, source code(s) and other material which are a part of the work under this Agreement will not be copyrighted without written approval of the State.

16. Any notice or other communication required under this Agreement shall be in writing and sent to the address set forth above. Notices shall be given by and to Kea Warne on behalf of the State, and by Curtis Mildner on behalf of the Consultant, or such authorized designees as either party may from time to time designate in writing. Notices or communications to or between the parties shall be deemed to have been delivered when mailed by first class mail, provided that notice of default or termination shall be sent by registered or certified mail, or, if personally delivered, when received by such party.

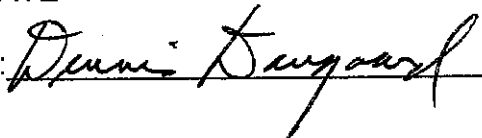
17. In the event that any court of competent jurisdiction shall hold any provision of this Agreement unenforceable or invalid, such holding shall not invalidate or render unenforceable any other provision hereof.

19. All other prior discussions, communications and representations concerning the subject matter of this Agreement are superseded by the terms of this Agreement, and except as specifically provided herein, this Agreement constitutes the entire agreement with respect to the subject matter hereof.

In Witness Whereof, the parties signify their agreement effective the date above first written by the signatures affixed below.

STATE

BY:



CONSULTANT

BY:



President
Mundt Delisens LLC

- State Agency Coding (MSA Center): 010104
- State Agency MSA Company for which contract will be paid: 2005
- Object/sub object MSA account to which voucher will be coded: 52041300
- Name and phone number of contact person in State Agency who can provide additional information regarding this contract: Kea Warne, 605-773-5522



MARKET DECISIONS

RESEARCH • INSIGHT • STRATEGY

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Portland, Maine 04101

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Web: www.marketdecisions.com

PROPOSAL

State of South Dakota, Office of the Governor

PROVIDE BACKGROUND RESEARCH FOR A STATE BASED HEALTH INSURANCE EXCHANGE

Responses to Questions

RFP #25429

Submitted by:

Market Decisions, LLC

Federal ID# 01-0533505

Delivery Date and Time:

November 5, 2010 by 12:00 PM CST

Issuing Office

Office of the Governor

State of South Dakota

Prepared by

Brian Robertson, Ph.D., Director of Research

Jason Maurice, Ph.D., Senior Research Associate

Patrick Madden, Senior Research Analyst

1. Does moving the number of individual survey to 3000 gain us anything in terms of evaluating the data by sub-populations in SD? If so, could Market Decisions provide an estimate of the cost of doing 3000 surveys at both 15 minutes and 20 minutes? Could Market Decisions still meet the timelines discussed in the RFP if the number of surveys is increased?

Based on our original proposal we had suggested completing either 1,000 or 2,000 household surveys which would provide data on approximately 2,500 or 5,000 South Dakota residents.

Increasing the total number of surveys to 3,000 households (which would provide data on approximately 7,500 residents) would help in analysis of sub-populations. Increasing the total number of surveys would improve the precision in the results for sub-populations; the confidence intervals associated with results would be smaller. It would allow more detailed analysis of the data; allowing the definition of a broader number of sub-populations for analysis. This would especially help with increasing the numbers of surveys among important groups such as the young adults (those aged 18-34) and the uninsured.

Market Decisions is capable of conducting 3,000 surveys and still meeting the deadlines required by the RFP. It would, however, require extending data collection by an additional week. This should easily fit within the timeframe as we can either begin data collection slightly earlier, extend data collection into February, or a combination of these steps.

Since there are several staff members that have significant experience with the survey design, analysis, and reporting requirements of health insurance surveys, we could assign additional resources to meet any new timeline for data collection. For the design work, we have survey instruments we have used in other states which should help expedite the design process. Our prior work has also helped us develop analytical procedures that minimize the time required for data file preparation and analysis. Even extending the data collection into February would allow sufficient time for analysis given our ability to assign additional resources. We would work with the state to determine the best strategy to meet the requirement for 3,000 household surveys while still meeting the February 28, 2011 deadline.

I've provided cost estimates for completing 3,000 family surveys based on a 15 minute and 20 minute survey.

Design Name:	3000 completed surveys averaging 15 minutes in length	Cost:	\$114,137.39
Design Name:	3000 completed surveys averaging 20 minutes in length	Cost:	\$141,392.94

2. On page 31, you provide an estimate of cell phone only households of 6.8%. What is the source of this number and how recent is this number? How would it change the cost to add cell phone households to the mix?

This is based on a report produced by the State Health Access Data Assistance Center in March 2009. They relied on an analysis of data from the National Health Interview Survey from 2007. I've included a copy of the report along with this response.

Based on our experience, a percentage of cell phone only households are inevitably interviewed even using traditional land-line RDD samples (due to number portability). For example, in our 2009 survey in Vermont, 3% of households surveyed were cell phone only households. The cell phone only penetration rate in Vermont is similar to that of South Dakota. We had recommended not including a cell phone only component based on the low incidence of the cell phone only population.

That said, we have conducted cell phone only interviews in some of our prior studies and we could certainly do so for this study. The one main advantage of including cell phone only interviews is that proportionally a larger percentage of those with only a cell phone are aged 18-34, a group that is typically under-represented in surveys. If you would like to include a cell phone only sample in the survey, we recommend conducting between 100 and 300 cell phone only surveys.

I've included cost estimates below for conducting 100, 200, and 300 cell phone only surveys (15 minutes and 20 minutes) as a part of the overall research design. The costs are in addition to the cost estimates provided above and in our original proposal.

Design Name:	100 cell phone only surveys averaging 15 minutes in length	Additional Cost:	\$6,829.00
Design Name:	200 cell phone only surveys averaging 15 minutes in length	Additional Cost:	\$13,053.00
Design Name:	300 cell phone only surveys averaging 15 minutes in length	Additional Cost:	\$19,277.00
Design Name:	100 cell phone only surveys averaging 20 minutes in length	Additional Cost:	\$8,403.67
Design Name:	200 cell phone only surveys averaging 20 minutes in length	Additional Cost:	\$16,202.33
Design Name:	300 cell phone only surveys averaging 20 minutes in length	Additional Cost:	\$24,001.00

3. Based on your experience in other states, what would South Dakota be missing in a 15 minute survey vs. a 20 minutes survey?

Based on the topic areas that you had outlined in the RFP, we believe that you could complete the survey in an average of 15 minutes. This would include the measures of health insurance coverage, source of coverage, reasons for non-coverage, eligibility for coverage through an exchange, enrollment methods and preferences, opinions about the mandate, and questions about subsidies.

In our experience, increasing the survey length provides the opportunity to gather greater detail from respondents on these and other topics. In the past, states have typically used longer surveys when they first begin to survey their populations to better understand the breadth and depth of issues, and then use shorter surveys as follow-ups to track important trends. Simply, a longer survey provides a greater opportunity to explore issues surrounding health insurance coverage, eligibility for coverage, costs and barriers to coverage and care, access to health insurance (through employers for example), and health conditions that might impact coverage, among others. Optimally, we would recommend a longer survey to allow a more detailed exploration of these issues assuming that such a survey has not already been conducted.

As an example, I've included a copy of the Vermont Household Health Insurance Survey to show the differences between what was a 20 minute survey and essentially a 15 minute survey. This survey was conducted in 2008 and for comparison required approximately 20 minutes on average to administer. This is a good example of a survey that allowed us to explore health insurance and related issues in great detail. Further, the results from the 2008 survey were used to help in the development of marketing programs for their state health insurance, to assess interest, and test pricing sensitivity. It also included more detailed questions on health care use, health conditions, and health care costs, among other topics.

A shorter version of the survey was conducted in 2009 and required approximately 14.5 minutes to administer. The goal of the 2009 survey was to largely track trends in coverage. Thus, we eliminated a number of sections and reduced the number of questions asked in other sections. The lists below summarize the common sections and those asked only in the longer survey.

Core Survey Areas included in both the 2008 and 2009 Vermont Household Health Insurance Surveys

1. Household Characteristics
2. Enumeration of the Household
3. Demographic Characteristics of each Household Member
4. Relationships Between Household Members
5. Type of Health Insurance Coverage
6. Private Health Insurance Coverage Characteristics (shortened series)
7. Uninsured Characteristics
8. Interruptions in Insurance Coverage
9. Concerns About Loss of Health Insurance
10. General Health Status (single health status measure)
11. Health Care Barriers and Health Expenditures
 - a. Health Care Cost Barriers
 - b. Health Care Expenditures
12. Employment Characteristics (shortened series)
13. Access to and Enrollment in Employer Sponsored Health Insurance (shortened series)
14. Income (family level)

Items included only in 2008 Vermont Household Health Insurance Survey (eliminated or shortened in 2009)

- Medicaid Awareness and Knowledge (in 2009 eliminated pages 70-91)
 - Follow-Ups on the Enrollment Process for State Health Insurance Coverage
 - State Health Insurance Awareness and Communication
 - Interest in Enrollment in State Health Insurance
 - Pricing Sensitivity for Enrollment in State Health Insurance
 - Factors Causing Dis-enrollment in State Health Insurance
- Dental and Vision Insurance (in 2009 eliminated pages 100 – 101)
- Doctor Visits and Location Receive Medical Attention (in 2009 eliminated pages 121-126)
- Health Care Barriers and Health Expenditures (in 2009 essentially eliminated pages 111-120)
 - Access to and Barriers to Care
- Rx Expenses (in 2009 eliminated pages 127-128)
- Chronic Conditions (in 2009 eliminated pages 130-136)
- Employment (long series)
- Employer Sponsored Insurance (long series) (in 2009 essentially eliminated pages 152-173)

4. We are hoping to increase the number of surveys to assist with breaking out our subpopulations. However, we were hoping to keep this contract under \$100,000 for the individual survey. What number of 15 minute surveys with no cell phone calls could you complete for that amount?

Based on an estimated maximum contract amount of \$100,000, Market Decisions would propose two design options:

Option 1: Based on our original proposal and methodology we would conduct 2,400 family surveys averaging 15 minutes in length. This would provide data on approximately 5,500-6,000 residents. This option would include two meetings in South Dakota; an initial survey design meeting along with an in-person presentation of survey findings.

Option 2: Based on our original proposal we had anticipated the project would require 2 trips one of which was an initial meeting for survey development. Often times, much of the design work can actually be handled via teleconference and email. For this option, Market Decisions would eliminate the in-person survey design meeting while keeping in-person presentation at the end of the project. Market Decisions would conduct 2,500 family interviews. This would provide data on approximately 5,700-6,200 residents

Both options would use land-line RDD sample but if we did identify cell phone only households in the sample we would conduct surveys with such households.

Cost Estimates

Design Name:	Option 1: 2,400 completed surveys averaging 15 minutes in length; including an in-person survey design meeting.	Cost:	\$99,300.00
Design Name:	Option 2: 2,500 completed surveys averaging 15 minutes in length, not including an in-person survey design meeting.	Cost:	\$99,960.00

Option 3: - Based on our original proposal and methodology we would conduct 2,500 family surveys averaging 15 minutes in length. This would provide data on approximately 5,700-6,200 residents. This option would include two meetings in South Dakota; an initial survey design meeting along with an in-person presentation of survey findings.

Option 4: Based on our original proposal and methodology we would conduct 2,500 family surveys averaging 20 minutes in length. This would provide data on approximately 5,700-6,200 residents. This option would include two meetings in South Dakota; an initial survey design meeting along with an in-person presentation of survey findings.

Additional Cost Estimates

Design Name:	Option 3: 2,500 completed surveys averaging 15 minutes in length; including an in-person survey design meeting.	Cost:	\$101,460.00
Design Name:	Option 4: 2,500 completed surveys averaging 20 minutes in length, including an in-person survey design meeting.	Cost:	\$125,350.00

STATE OF SOUTH DAKOTA
OFFICE OF THE GOVERNOR
500 EAST CAPITOL AVENUE
PIERRE, SOUTH DAKOTA 57501-3182

**REQUEST FOR PROPOSALS TO PROVIDE BACKGROUND RESEARCH FOR A STATE BASED
HEALTH INSURANCE EXCHANGE**

PROPOSALS ARE DUE NO LATER THAN NOVEMBER 5, 2010, 12:00 PM CST

RFP #: 25429

BUYER: Office of the
Governor

PHONE: (605) 773-3661

READ CAREFULLY

FIRM NAME: Market Decisions, LLC AUTHORIZED SIGNATURE: _____
ADDRESS: 75 Washington Ave., Suite 206 TYPE OR PRINT NAME: Curtis Mildner
CITY/STATE: Portland, Maine TELEPHONE NO: 207-767-6440 ext. 105
ZIP (9 DIGIT): 04101 FAX NO: 207-767-8158
FEDERAL TAX ID#: 01-0533505 E-MAIL: cmildner@marketdecisions.com

PRIMARY CONTACT INFORMATION

CONTACT NAME: Curtis Mildner TELEPHONE NO: 207-767-6440 ext. 105
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PROPOSAL

State of South Dakota, Office of the Governor

**PROVIDE BACKGROUND RESEARCH FOR A STATE BASED
HEALTH INSURANCE EXCHANGE**

RFP #25429

Submitted by:

Market Decisions, LLC
Federal ID# 01-0533505

Delivery Date and Time:

November 5, 2010 by 12:00 PM CST

Issuing Office

Office of the Governor
State of South Dakota

Prepared by

Brian Robertson, Ph.D., Director of Research
Jason Maurice, Ph.D., Senior Research Associate
Patrick Madden, Senior Research Analyst

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Transmittal Letter

Market Decisions, LLC is pleased to offer this proposal to conduct research on behalf of the State of South Dakota Office of the Governor. We are prepared to begin work on this project immediately and meet all requirements and deadlines set forth in your RFP. Market Decisions is offering a response to conduct both the Family Survey and the Small Business Survey.

Market Decisions currently has in place the required telephone equipment, hardware, software, and staff experience to perform the required tasks set forth in the RFP. Market Decisions has current staff in place with the expertise to meet all the requirements of the RFP, including survey and methodological design, field services, analysis, and reporting.

Market Decisions has been involved in health insurance studies in 12 states, completing nearly 75,000 interviews during the past ten years. These studies used complex, stratified, clustered and sub-population over-sample sampling designs. In our various studies we have interviewed the general population, current and former members in state health insurance programs, health care providers, and have conducted over-samples among sub-populations including lower income residents, ethnic and racial minorities, business owners, and the uninsured. Our role in health care studies conducted on behalf of our past clients included overall research design and strategy, questionnaire design, sampling design, data collection, analysis and reporting. We believe our past experience in conducting health insurance surveys will best meet the needs of the Office of Oregon Health Policy and Research.

Our proposed research approach is outlined below. Market Decisions will provide all services requested in this RFP, from initial consultations, survey design, sampling design, CATI programming, pre-testing the survey, data collection, data output, data file preparation, and providing required deliverables. Market Decisions will provide the state of South Dakota with an oral presentation of key findings, a comprehensive research report as well as tabulations of survey items.

Contact Person for this Proposal

Curtis Mildner, President
Market Decisions, LLC
75 Washington Avenue, Suite 206
Portland, ME 04101
Phone: (207) 767-6440 ext. 105
Email: cmildner@marketdecisions.com

Technical Proposal

I. Executive Summary

The State of South Dakota proposes conducting research among the residents and small businesses of South Dakota to assist in the design of a state-based health insurance exchange. Market Decisions is prepared to begin working on this project immediately and to provide the state all deliverables by February 28, 2011. Market Decisions will work with the staff of the state in the design and implementation of this research study.

To help the state meet its goals, Market Decisions proposes to undertake a survey of South Dakota residents that will assess health insurance coverage and coverage characteristics, gather data on non-coverage and risks for loss of coverage, and gather basic demographic data to allow analysis of health insurance coverage by population characteristics. The survey will gather data on potential eligibility for coverage through a potential exchange. Finally, the survey will assess residents' opinions regarding enrollment methods and preferences, views of the individual mandate, and eligibility for and comfort with accepting subsidies for the purchase of health insurance.

In order to meet the needs of South Dakota, Market Decisions would propose conducting a Random Digit Dial (RDD) telephone survey among residents of South Dakota using a household level survey. Market Decisions would recommend conducting a minimum of 1,000 surveys among South Dakota households and potentially completing as many as 2,000 surveys, based on preferences for the level of precision overall, the need to represent key sub-populations, and the need for regional representation. Depending on specific need the most appropriate strategy may be a statewide sample or a sample that is stratified by areas of the state. Based on consultations with the state, Market Decisions will propose a sampling methodology tailored to best meet the needs of South Dakota. Market Decisions will work with the state to develop a Family Survey instrument for use during the course of this study. Market Decisions has already developed a Family Survey instrument that has been used successfully in a number of states and we would recommend using this prior survey instrument as a starting point to tailor a survey specific to the needs of South Dakota. Our current Family Survey addresses many of the topics listed in the RFP and it can easily be modified to include questions that focus specifically on the state-based exchange as well as opinions about health care reform and the individual mandate.

Market Decisions would recommend conducting a telephone survey among a random sample of South Dakota small businesses. We would recommend conducting a minimum of 400 surveys among small businesses throughout the state. Market Decisions would propose a sampling methodology stratified by the size and type of business. Market Decisions will work with the state to develop a Small Business Survey instrument for use during the course of this study. Market Decisions has conducted several surveys among small businesses focused on health insurance coverage which cover topics similar to those listed in the RFP. Market Decisions would work with the state of South Dakota to develop a small business survey that focuses on whether health insurance is provided (and if so to which employees), the challenges and barriers

to providing health insurance coverage, opinions towards and knowledge of employer mandates, and any changes to insurance plans based on the impact of PPACA.

Once completed, Market Decisions will program the final approved survey instruments (Family Survey and Small Business Survey) into our CATI program for testing and data collection. Using a staff of professionally trained interviewers, Market Decisions will administer this survey using data collection protocols that are designed to maximize response and reduce bias. Much of our current interviewing staff has direct experience in administering surveys on health insurance coverage topics.

The data collection process should be tailored to maximize the opportunity for a household or business and identified respondent to participate in the research. Further, it must minimize potential non-response bias. Market Decisions has developed data collection procedures that have proven successful in meeting the rigorous demands of public policy research studies. The specific elements, which are discussed below, include a set minimum number of callback attempts, scheduled callback appointments, refusal conversion attempts, and call outcome tracking. The design also incorporates elements into the survey that improve survey response, such as information screens and persuader statements. Given the response rate requirement, a rigorous data collection protocol will be required.

Market Decisions will analyze all survey data using SUDAAN software. Data from both the Family Survey and Small Business Survey will be weighted to reflect the actual population composition of the state of South Dakota. This will allow the survey results to be generalized to the resident and small business population of South Dakota.

Market Decisions will provide point estimates and variance estimates on all survey variables and analysis by key sub-populations. For the Family Survey this will include the development of a demographic profile of both the insured and uninsured as well as developing models to determine eligibility for coverage through an exchange, and eligibility for subsidies. The analysis will also focus on knowledge and opinions about the individual mandates as well as coverage and enrollment preferences. For the Small Business Survey, Market Decisions will provide analysis of those who offer and do not offer insurance by business characteristics, developing a summary of challenges and barriers to providing health insurance coverage, including a summary of potential changes due to PPACA, and opinions of employers regarding employer mandates. Where relevant, Market Decisions will also provide comparisons to national data sources for benchmarking for both the Family Survey and the Small Business Survey.

Based on data gathered using the survey instruments, Market Decisions will develop a comprehensive survey report including the research methodology, summary and detailed results by key characteristics. We will also develop and provide comprehensive compendiums of data that can be easily accessed and understood, providing a complete set of tabulations in an easy to use format. Finally, Market Decisions will develop an oral presentation of key findings and present the results of the two surveys to the state. Upon completion of the study, Market Decisions will also provide the state a copy of the data set from both the Family Survey and Small Business Survey.

II. Detailed Response

A. Organizational Capacity and Experience

Market Decisions has been conducting health insurance and health care access telephone surveys for ten years. Our prior health insurance research has relied on a survey design which gathers health insurance and health care information about all family members for each family in a household. Market Decisions has been involved in refining health insurance survey instruments to meet project requirements, and developing appropriate sampling methodologies, including stratified clustered sample designs as well as over-sample designs, RDD sampling, development of weighting protocols, CATI programming, data collection, data imputation and cleaning, as well as analysis and reporting. Market Decisions has expanded our expertise to include dual frame and cell phone only sampling protocols. Additionally, Market Decisions has several health insurance studies among employers; most recently, on behalf of the City of Portland Oregon among construction contractors and their employers. Market Decisions has also been asked to provide expertise on the development of sampling methodologies and weighting protocols on projects such as the Maine Adult Tobacco Survey, the Maine Youth Tobacco Survey, and the Maine Youth Drug and Alcohol Use Survey,

The following tables provide a list of the most relevant projects completed by Market Decisions. Each of these projects was specifically focused on health insurance coverage, health care access, and other health related topics. For a more detailed description of these projects, please see Appendix B beginning on page 71. This includes the names and addresses of our government and private agencies on behalf of which Market Decisions has conducted health insurance research. To date, Market Decisions has conducted health insurance surveys with more than 75,000 households in 12 different states. A list of references is provided in Appendix C beginning on page 99. The references can speak to our expertise and experience in conducting complex health care research studies.

Table 1. Project Experience

Health Insurance Projects (Year)	Number of Interviews	Sample Design	Client
Commonwealth Care Health Insurance Survey (ongoing)	600	Stratified multi-frame telephone, cell phone, and mail survey among current enrollees in Commonwealth Care	Massachusetts Commonwealth Health Insurance Connector Authority
Evaluation of Vermont Health Care Reform (ongoing/2008-2010)	9,619 (see 2008 & 2009 VTHHIS)	Stratified RDD (4 county based strata to ensure significant response in rural areas) including an uninsured oversample	Vermont Division of Health Care Administration, University of New England, Robert Wood Johnson Foundation
Catamount Options Study and ESI Cost-effectiveness Study (2009-2010)	9,619 (see 2008 & 2009 VTHHIS)	Stratified RDD (4 county based strata to ensure significant response in rural areas) including an uninsured oversample	Vermont Commission on Health Care Reform, University of New England
Vermont Household Health Insurance Survey (2009)	5,027	Stratified RDD (4 county based strata to ensure significant response in rural areas)	VT Division of Health Care Administration
Wisconsin Healthcare Plan Public Opinion Survey (2009)	602	Statewide RDD	AARP
Study of Health Insurance Among City of Portland Oregon Construction Contractors	300	Sample of city construction contractors and their employees	City of Portland Oregon, University of New England
Disease Management Program Client Satisfaction Survey (2008/2009)	3,030	Stratified sample of physician practices involved with & clients of Georgia's managed care organizations.	Georgia Health Policy Center, Georgia State University
Vermont Household Health Insurance Survey (2008)	4,592	Stratified RDD (4 county based strata to ensure significant response in rural areas) including both a general population component and uninsured oversample	VT Division of Health Care Administration

Table 1. Project Experience (continued)

Health Insurance Projects (Year)	Number of Interviews	Sample Design	Client
Pennsylvania State Health Insurance State Medicaid Dis-enrollment Survey (2008)	1,206	Random selection of respondents from a list of dis-enrolled members stratified by State Medicaid Program and insurance provider (12 strata)	PA Insurance Department
Pennsylvania Health Insurance Survey (2007-08)	20,100	Stratified RDD (67 county based strata)	PA Insurance Department
AARP Health Insurance Survey (2007-2008)	3,022	Stratified RDD (stratified by 5 states-CO, LA, NY, OR, PA)	AARP
Georgia Health Insurance Survey (2007)	5,800	Stratified RDD with low income over sample (5 Health Service Regions)	GA State University
Vermont Uninsured Resident Survey (2007)	250	Follow-up calls to uninsured residents from 2005 VT HHIS	VT Agency of Human Services, Office of Health Access
Vermont VHAP ESI Survey (2006)	1,495	Random stratified by Medicaid program	VT Department for Children and Families
Vermont Household Health Insurance Survey (2005-06)	4,400	RDD with an uninsured over-sample	VT Division of Health Care Administration
Rhode Island Health Interview Survey (2004-05)	2,600	RDD with an ethnic minority over-sample	RI Department of Health
SHADAC Medicaid Undercount Study (2004)	1,740	Random stratified by state sponsored health insurance program	University of Minnesota, State Health Access Data Assistance Center (SHADAC)
Pennsylvania Health Insurance Survey (2003-04)	6,733	Stratified RDD (67 county based strata)	PA Insurance Department
Rhode Island Health Interview Survey (2001)	2,625	RDD with an ethnic minority over-sample	RI Department of Health
Vermont Household Health Insurance Survey (2000-01)	8,645	Stratified RDD (14 county based strata)	VT Division of Health Care Administration
Maine Health, Health Insurance Survey (2000)	3,050	Stratified RDD (3 county based strata)	University of Southern Maine Institute of Health Policy

Table 1. Project Experience (continued)

Health Related Projects (Year)	Number of Interviews	Sample Design	Client
Maine Community Health Needs Assessment Survey (ongoing, 2010)	6,700	RDD stratified by 16 counties with cell phone only supplement	OneMaine Health Collaborative
Kenai Peninsula (Alaska) Community Health Assessment Survey (2009)	534	RDD	University of New England Center for Health Policy, Planning and Research
Connecticut Community Health Assessment Survey (2007)	1,400	Stratified RDD (5 geographic based strata)	Lawrence and Memorial Hospital, CT
Mayo Regional Hospital Community Health Assessment Survey	400	RDD	University of New England Center for Health Policy, Planning and Research
Eastern Maine Medical Center Community Health Assessment (2006)	2,400	Stratified RDD (3 geographic based strata)	Eastern Maine Medical Center
Logan Airport Environmental Survey (2005)	6,000	RDD with 2 geographic over-samples targeting ethnic minority and low income residents	Massachusetts Department of Public Health, Center for Environmental Health

1. Experience in Developing and Designing Surveys

Market Decisions has conducted numerous studies on health insurance and healthcare issues during the past 10 years. Our staff has not only fielded large-scale health insurance surveys, but has designed research projects tailored to the specific needs of our clients. In nearly all of our prior health insurance research studies, Market Decisions was responsible for developing the survey instruments.

Family and Resident Surveys

Beginning in 2000, Market Decisions began the development of a household health insurance survey. The survey instrument was designed to provide not only a summary of insurance coverage but to provide a comprehensive picture of the insured and uninsured population in a state. It covers a range of topic areas including those outlined in the RFP for your Family Survey.

Our instrument was developed to gather information from all members of a household. Further, the survey incorporated important data verification and data validation components (for example checks to help evaluate the potential confusion of Medicaid versus Medicare coverage or confusion of Medicaid and private health insurance coverage). The survey design itself is built

around a series of question modules that focus on specific aspects of coverage or related health care information. The list of topics includes:

1. Household Characteristics
2. Enumeration of the Household
3. Demographic Characteristics of each Household Member
4. Relationships Between Household Members and Family Unit Determination
5. Type of Health Insurance Coverage
6. Private Health Insurance Coverage Characteristics
7. Medicare Supplement Coverage Characteristics
8. Follow-Ups on the Enrollment Process for State Health Insurance Coverage
9. Uninsured Characteristics
10. State Health Insurance Awareness and Communication
11. Interest in Enrollment in State Health Insurance
12. Pricing Sensitivity for Enrollment in State Health Insurance
13. Eligibility for State Health Insurance Enrollment
14. Factors Causing Dis-enrollment in State Health Insurance
15. Interruptions in Insurance Coverage
16. Concerns About Loss of Health Insurance
17. Dental and Vision Insurance Coverage
18. Prescription Drug Expenses
19. Health care expenses
20. Health care utilization and Visits to Health Care Professionals – Point of Service
21. General Health Status and Chronic Conditions
22. Health Care Cost Barriers
23. Access to and Barriers to Care
24. Employment Characteristics
25. Access to and Enrollment in Employer Sponsored Health Insurance
26. Income (family level)

The design allows us to gather information from all members of a household. Once information is gathered, the survey allows us to group people into individual families (in cases where there may be more than one family residing in the same household). The overall design provides the ability to analyze health insurance coverage and related health care topics at the household, family, or individual level. The design provides responses to all survey items for all household members rather than the limitations of having responses to some survey questions for only a target respondent within the household.

Since 2000, our comprehensive household health insurance survey has been administered in six states among nearly 70,000 households; gathering data on more than 175,000 residents. The survey instrument was tailored to meet the specific needs of each state based on the types of information they required. As requested, Market Decisions can provide copies of our household health insurance survey for your review.

Based on our past work in other states, Market Decisions has the needed expertise to administer both the Family and Small Business Surveys on behalf of South Dakota. As requested, Market Decisions can provide copies of our existing surveys to the state.

Small Business Survey

Our most recent experience designing and conducting surveys with businesses on the topics of health insurance include a study of health insurance among construction contractors in the City of Portland, Oregon as well as a survey of small businesses for the Maine Center for Economic Policy and Dirigo Health.

The contractor survey was developed by Market Decisions to assess the health insurance needs of construction workers who work on projects funded by the City of Portland or the Portland Development Commission (PDC). The goal of the study was to assist Portland in developing options for the City to provide affordable health care services to uninsured workers of contractors hired by the City. Data was collected through a survey of firms that contract or subcontract with the City or with PDC. The surveys assessed current health insurance coverage that construction firms offered to employees, barriers to access and affordability.

The survey of small businesses that we conducted for the Maine Center for Economic Policy was developed to measure the health coverage needs of small businesses (50 employees or less) in the state. The survey covered the topics of current health insurance offerings as well as attitudes and perceptions towards adding a state managed health insurance plan such as Dirigo Health.

2. Experience in Performing and Conducting Surveys

Market Decisions conducts tens of thousands of telephone surveys each year. Our experience ranges from small scale projects of several hundred to survey projects involving more than 20,000 households. Our work includes projects conducted on behalf of governmental agencies as well as private companies. The target populations for our telephone surveys are both the general population as well as specific groups. Examples include school based populations, those receiving services through governmental agencies (such as the disabled), adults, and children, among others. Descriptions of several of our recent telephone survey research studies are provided in our relevant research experience beginning on page 71.

Market Decisions has been conducting health insurance and health care access telephone surveys for more than ten years. Our prior resident health insurance research has relied on a survey design which gathers health insurance and health care information about all family members for each family in a household. We have also conducted research among small businesses, for example, city contractors in Portland Oregon. Market Decisions has been involved in refining health insurance survey instruments to meet project requirements, developing appropriate sampling methodologies, including stratified clustered sample designs as well as over-sample designs, RDD sample, development of weighting protocols, CATI programming, data collection, data imputation and cleaning, as well as reporting and analysis.

3. Experience in Analyzing and Reporting Health Insurance Survey Results

Market Decisions has conducted data verifications, weighting and analysis on all of the health insurance studies that we have done over the past 10 years, including all of the projects listed on page 19 of the proposal. This includes analysis for the Vermont Household Health Insurance Survey, the Pennsylvania Health Insurance Survey, the Georgia Health Insurance Survey, and the Study of Health Insurance among City of Portland Oregon Construction Contractors.

Once the data collection phase of a project is completed, we often conduct the following types of verifications and analysis:

- Data Verifications
- Data Imputations
- Data Weighting
- Frequencies and Cross tabulations
- Ad-hoc Analysis (as needed)
- Creation of a Data Compendium
- Modeling and Forecasting (when appropriate)

Information about our approach to data verifications, imputations, weighting and descriptive analytical techniques are discussed in more detail in the project implementation section starting on page 19. In addition to those methods, we also have experience conducting more complex analysis to meet the specific needs of our health insurance survey clients.

Ad-Hoc Analysis

Market Decisions staff currently provides technical assistance to a number of clients, most relevant to this study is our technical assistance and ad hoc analysis services that we provide for the Pennsylvania Insurance Department and the Vermont Division of Health Care Administration. Our technical assistance responsibilities include conducting analysis of health insurance datasets and providing simple and complex reports in very short time frames, typically within 24 hours of a request. This ensures that information reaches decision makers quickly and therefore, is of highest utility to the requestor.

Many of our ad hoc analyses conducted for the 2004 and 2008 Pennsylvania Health Insurance Survey data revolved around defining the uninsured population (children and adults) and their ability to access coverage. Our reports were used by the Department as input into the "Cover All Kids" initiative as well as other efforts to expand insurance coverage in Pennsylvania.

Some of our recent work with the State of Vermont examined health insurance coverage involving estimating federal poverty levels in order to model the cost of covering uninsured residents under state Medicaid programs. Particular concern was given to providing accurate estimates of income and poverty rates within the state and an independent validation study was conducted comparing poverty rates derived using the Current Population Census data and

estimates supplied by research conducted by Market Decisions. The outcome of the validation study suggested that Market Decisions estimates were more accurate than those produced using the most recent Current Population Census estimates when compared to administrative IRS data.

Optionally, we have the ability to incorporate other state level health data, such as the BRFSS, into any ad hoc analyses. Since this survey will be a point in time estimate, additional data can often provide substantiation on a particular issue or question. Our most successful ad hoc analyses often include information from two or more sources, which strengthens the results because it includes multiple viewpoints.

Data Compendium

Market Decisions will often produce a data compendium as the final step of the analysis process. The data compendium is an Excel or web-based application that lists the results for every question in the survey by key demographic and indicator variables. The result is a large set of tables that contain survey results and it allows someone to be able to look up a specific survey number very quickly without the need for us to run additional ad-hoc analysis months after the completion of a project. Our clients find these data compendium an extremely valuable way to disseminate survey results to those who have very specific questions to answer about a population or sub-group of people.

The data compendium we created for the Vermont Household Health Insurance Survey can be online at: <http://www.bishca.state.vt.us/health-care/research-data-reports/vermont-household-health-insurance-survey-vhhis>

Modeling and forecasting

Many times our clients have an interest in using survey data beyond frequencies and cross tabulations. In a number of cases, we have developed statistical models to answer hypothetical questions about health insurance coverage among state populations. For example, as part of our health insurance survey in Vermont in 2005, we conducted a large uninsured oversample of 1,550 respondents so that we could then model the effects of various policy options for providing health insurance coverage to uninsured residents in the state.

In 2008, we expanded the survey was expanded to include additional survey items to examine barriers to enrollment in state health insurance programs, expenditure data to allow the modeling of underinsurance, and questions to better understand the barriers to obtaining employer sponsored health insurance.

Reporting

Market Decisions has extensive experience providing survey results and reports to various audiences, including governmental, legislative, and general public audiences. Based on that experience, we feel that effectively reporting survey results to multiple audiences requires:

- 1) Developing multiple reports with information and discussion aimed at a specific audience (you cannot expect that a governmental audience will want the same type or scope of information as the general public, for example); and
- 2) Disseminating the reports through various channels so that a wide range of people have access to them. This means not simply proving a link to a report on a website, but conducting presentations, workshops, and providing other public forums where the results of the research can be discussed.

To accomplish this, Market Decisions typically provides a comprehensive report at the conclusion of our health insurance research surveys. In order to have something that can be read and understood by a diverse set of people, we recommend that the comprehensive report be broken into distinct sections that could stand alone as their own individual report, if necessary. Our comprehensive reports include the following sections:

- A methodological summary of the survey and how it was conducted.
- An executive summary of the research results.
- A summary report section that would include charts or graphs on all questions with an analysis of significant differences in responses between demographic groups. This section would provide a detailed narrative of the research results.
- A discussion and recommendations section which identifies the most important findings, their meaning and any potential actions to take.
- A set of question by question data tables or cross tabulations provided in a separate document or in an appendix.

This type of report can be used by a diverse group of people because it provides everything from high level results and takeaways in the executive summary to a detailed set of data tables for those who like to dig into the data and conduct their own analyses. In addition, the discussion and recommendations section will discuss perceived areas of need and areas of success. Demographic sub-population analyses will identify any significant differences within the population.

Additional reporting deliverables that we often provide include:

Technical Documentation that summarizes the methodology for data collection, data weighting, imputation, definition of variables, and other analytical methodologies used during the course of research. The purpose of this document is to assist in understanding the data and methods used in the study.

A PowerPoint Presentation detailing the methodology and the major findings of the survey. Each PowerPoint slide in the presentation is developed to be understandable as a standalone slide or combined with others in the set to produce presentations tailored to any particular audience of interest. In addition, if there are specific topic areas for presentations, Market Decisions develops issue specific presentations that include charts and narrative commentary.

Examples of the types of reports we have produced for some of our health insurance research projects.

VT Health Insurance Reports, presentation and data compendium can be found on the Department of Banking, Insurance, Securities, and Health Care Administration (BISHCA) website: <http://www.bishca.state.vt.us/health-care/research-data-reports/vermont-household-health-insurance-survey-vhhis>

Pennsylvania Health Insurance and Disenrollment Survey Research Reports can be found on the PA CHIP website: <http://www.chipcoverspakids.com/chip-resources/resources-for-advocates-legislators-and-media/research-reports/>

B. Key Personnel

Dr. Brian Robertson will serve as the overall project manager and primary investigator if awarded this project. Dr. Jason Maurice will assist Dr. Robertson as the Associate Project Manager. Seven additional members of our senior research staff will be actively involved with this project. Senior staff works together on many components of the research project rather than having staff specialize in one particular facet of research. This team concept provides a depth of knowledge that can be applied to the various elements of your research and provides flexibility in meeting challenges. Resumes of our professional research team are provided in Appendix D beginning on page 100.

In addition to professional staff, it is anticipated this project would involve our field services manager, assistant field services manager, approximately 50 interviewers as well as 4-6 interviewer supervisors. Data collection services for the telephone survey will be conducted at our Portland, Maine office. The table below lists the researchers who will be involved in this project and their primary roles on the project. Table 3 provides a summary of the research experience of our staff on health insurance surveys.

Table 2. Research Staff Assigned to Project

Researcher	Primary Roles
Brian Robertson, Ph.D. Director of Research Market Decisions (Portland, ME) 25 years of healthcare research experience	Primary investigator and project manager, research and sampling design, questionnaire review and development, project management, development of weighting scheme, data set preparation, technical documentation, and presentation of survey results.
Jason Maurice, Ph.D. Senior Research Analyst Market Decisions (Portland, ME) 15 years of healthcare research experience	Associate Project Manager, research design, questionnaire development, project updates, analytical programming, analytical programming management, survey weighting, data verification and cleaning, imputation, technical documentation, development of codebook and data dictionary.
Patrick Madden, MBA Senior Research Analyst Market Decisions (Portland, ME) 10 years of healthcare research experience	Sampling design, questionnaire development, CATI programming, analysis, data verification and cleaning report, preparation of data sets.
Xiaolei Pan, MBA Research Assistant Market Decisions (Portland, ME) 5 years of healthcare research experience	CATI programming, analytical programming, data consistency checks.

Table 2. Research Staff Assigned to Project (continued)

Researcher	Primary Roles
Jen MacBride Project Manager Market Decisions (Portland, ME) 8 years of healthcare research experience	Coding of verbatim comments, development of codebook, and development of data dictionary.
Brian Brinegar Field Operations Manager Market Decisions (Portland, ME) 8 years of healthcare research experience	Development of interviewer training materials, interviewer training, survey pre-testing, field services management, quality control and monitoring, data verifications.
Peter Hackett, Ph.D. Research Associate Market Decisions (Portland, ME) 20 years of healthcare research experience	Development of interviewer training materials, interviewer training, survey pre-testing, quality control and monitoring, refusal conversions, data verifications.
Curtis Mildner, MBA President Market Decisions (Portland, ME) 12 years of healthcare research experience	Research consultant, business administration
Jennifer Oliver Operations Manager Market Decisions (Portland, ME) 6 years of healthcare research experience	Business administration, field services management

Table 3. Health Insurance Research Experience of Market Decisions Senior Staff

Health Insurance Projects (Year)	Brian Robertson	Jason Maurice	Patrick Madden	Jennifer MacBride	Xiaolei Pan	Brian Brinegar	Peter Hackett
Commonwealth Care Health Insurance Survey (ongoing)	PM, RD, AN, RP	AN, RP	AN			FS	FS
Evaluation of Vermont Health Care Reform (ongoing/2008-2010)	PM, RD, AN, RP	AN, RP	AN			FS	FS
Catamount Options Study and ESI Cost-effectiveness Study (2009-2010)	AN, RP	AN					
Vermont Household Health Insurance Survey (2009)	PM, RD, AN, RP	PM, AN, RP	AN	RP	AN	FS	FS
Wisconsin Healthcare Plan Public Opinion Survey (2009)	PM, RD, AN, RP	PM, AN, RP	RP	RP	AN	FS	FS
Study of Health Insurance Among City of Portland Oregon Construction Contractors (2008-2009)	PM, RD, AN, RP	AN	AN			FS	FS
Disease Management Program Client Satisfaction Survey (2008/2009)	PM, RD, AN, RP	AN	AN			FS	FS
Vermont Household Health Insurance Survey (2008)	PM, RD, AN, RP	PM, AN, RP	RD, AN, RP	RP	AN	FS	FS
Pennsylvania State Health Insurance State Medicaid Disenrollment Survey (2008)	PM, RD, RP	PM, AN, RP	PM, RD	RP		FS	FS
Pennsylvania Health Insurance Survey (2007-08)	PM, RD, AN, RP	AN, RP	PM, AN, RP	RP		FS	FS
AARP Health Insurance Survey (2007-2008)	PM, RD, AN, RP	AN	AN, RP		AN, RP	FS	FS
Georgia Health Insurance Survey (2007)	PM, RD, AN, RP	PM, RD, AN, RP	AN			FS	FS
Vermont Uninsured Resident Survey (2007)	PM, RD, AN, RP	AN, RP	RD, RP			FS	FS
Vermont VHAP ESI Survey (2006)	PM, RD, AN, RP	AN, RP	AN, RP			FS	FS
Vermont Household Health Insurance Survey (2005-06)	PM, RD, AN, RP	AN, RP	PM, AN, RP	RP	AN, RP	FS	FS

PM: Project Management

RD: Research Design (includes survey and sampling design)

FS: Field Services and Data Collection

AN: Analysis (includes analytical programming, development of weighting, statistical analysis, and qualitative analysis)

RP: Reporting (includes final reports, technical documentation, development of templates, charts and tables, and discussion)

**Table 3. Health Insurance Research Experience of Market Decisions Senior Staff
(continued)**

Health Insurance Projects (Year)	Brian Robertson	Jason Maurice	Patrick Madden	Jennifer MacBride	Xiaolei Pan	Brian Brinegar	Peter Hackett
Rhode Island Health Interview Survey (2004-05)	PM, RD, AN, RP	RP	AN, RP	RP	AN, RP	FS	FS
SAHDAC Medicaid Undercount Study (2004)	PM, RD, AN, RP		AN				FS
Pennsylvania Health Insurance Survey (2003-04)	PM, RD, AN, RP		AN, RP	RP		FS	FS
Rhode Island Health Interview Survey (2001)	PM, RD, AN, RP						FS
Vermont Household Health Insurance Survey (2000-01)	PM, RD, AN, RP						FS
Maine Health, Health Insurance Survey (2000)	PM, RD, AN, RP			RP			FS

PM: Project Management

RD: Research Design (includes survey and sampling design)

FS: Field Services and Data Collection

AN: Analysis (includes analytical programming, development of weighting, statistical analysis, and qualitative analysis)

RP: Reporting (includes final reports, technical documentation, development of templates, charts and tables, and discussion)

All members of our assembled senior team have experience in conducting this type of research and all nine were actively involved in several previous large scale health insurance projects. For the current study, Market Decisions will rely on staff members who already have the appropriate experience and understanding of health insurance research. We feel this provides a significant advantage. Given our current level of experience, Market Decisions does not need to bring on additional staff that may not be familiar with this specific type of research and specifically familiar with health insurance research. Rather, we have the staff on hand today to begin working on your research.

The table below shows the experience on projects of a similar nature of seven key staff members who will be most involved in this research. For more information on these projects, please see Appendix B beginning on page 71.

Staff Resources Dedicated to Project

Given the availability of our staff, resources can be applied to your project as needed. Once awarded a project, Market Decisions develops a manpower work plan that describes how resources will be devoted to the project over its duration. Given that we have staff in place, this will not require us to hire and train additional staff. Rather, we can begin allocating staff resources to your project immediately.

The timeframe for allocating specific personnel to your research will, of course, depend on the phase of the research project. During the initial developmental phase, the efforts will be provided by our research staff. Data collection staff will become involved during the training and testing stage of the survey and their efforts will continue throughout the data collection periods. During this time, our research staff will also be involved in various aspects of the project from progress reporting to the development of analytical strategies. Analysis and reporting will be handled by the members of our research staff.

Dr. Robertson will be responsible for insuring adequate resources are available for each phase of the research project. Beyond simply managing the research, Dr. Robertson will take an active role in its design and implementation. Rather than simply serving as a project administrator, Dr. Robertson will take the lead role developing the survey instrument and sampling methodology, developing training materials, testing the survey instrument, developing the analytical procedures including weighting and data imputation protocols, as well as data file preparation and documentation. Dr. Robertson will also be responsible for the research reporting. In working with our other clients, we have found that having the primary investigator actively involved in all aspects of the research is an essential element in effectively conducting such complex research.

Dr. Robertson will be responsible for assigning staff and other resources to insure that the project is completed on schedule and in an efficient manner. Based upon consultations with the state of South Dakota, Dr. Robertson will develop a project work plan and timeline. This work plan will detail specific project tasks and the staff that will be involved with each aspect of the project. The work plan will provide the resource planning framework for conducting your study. The timeframe will, of course, be dependent on the actual award date of the contract.

C. Project Implementation

1. Summary of Scope of Work

Market Decisions is prepared to begin work on this project immediately and to meet all deadlines and specifications outlined in the state of South Dakota's Request for Proposal. It is understood that the entire research study must be completed and all deliverables provided by February 28, 2011. Market Decisions is prepared to meet this requirement.

The specific tasks of this research study will include:

- Meeting with the staff of the state of South Dakota to discuss the goals of this research project and expected outcomes.
- Developing a work plan and timeline to govern the administration of this research.
- Working with the state of South Dakota to develop and refine the survey instrument for use during Family Survey.
- Working with the state of South Dakota to develop and refine the survey instrument for use during Small Business Survey.
- Programming the final survey instruments into our Computer Assisted Telephone Interviewing (CATI) software.
- Developing a sampling protocol for the Family Survey based on the specifications of the state of South Dakota that will meet requirements for overall precisions as well as any requirements in terms of geographic representation and representation of identified sub-populations.
- Drawing equal probability sample using in-house sampling software developed by Marketing Systems Group for the Family Survey.
- Developing a sampling protocol for the Small Business Survey based on the specifications of the state of South Dakota that will meet requirements for overall precisions as well as any requirements in terms of geographic representation and representation by business size and type.
- Working with Marketing Systems Group to develop and generate an equal probability sample of small businesses in South Dakota.
- Developing training materials for use by the interviewing staff including Question by Question (QxQ) specifications.
- Training interviewers to conduct this research.
- Using trained interviewers, conduct a pretest of both the family and small business survey instruments to identify any potential problems.
- Based upon the pretest, make recommendations to South Dakota for changes to the instruments.
- Using the final approved survey instruments, conduct interviews with residents and small businesses in South Dakota following proposed data collection procedures.
- Monitor interviews to insure quality during the data collection phase.
- Provide updates of the process of the research study on the schedule established by the state. This will include weekly progress reports.

- Output data gathered during the data collection phase and conduct variable by variable consistency checks.
- Develop and implement a sample weighting plan including probabilistic, non-response, and post-stratification weighting adjustments as appropriate for both the Family and Small Business survey data sets.
- Develop and implement a data imputation plan, including logic-based, hot deck substitution, or regression-based models depending on the variables involved.
- Develop a presentation of key findings and make an oral presentation of survey results to South Dakota.
- Provide a comprehensive research report including a description of survey methodology, an executive summary, and detailed findings for both the Family Survey and Small Business Survey.
- Provide a complete set of tabulations for both surveys in an easy to use data compendium.
- Provide a copy of the data set from both surveys in formats specified by South Dakota along with a data dictionary.
- Provide ongoing Ad Hoc consultations to answer any questions or address any concerns.

For this research, Market Decisions already has staff with the appropriate experience and understanding in-house. We feel this provides a significant advantage. Given our current level of experience, Market Decisions does not need to bring on additional staff that may not be familiar with this specific type of research. Rather, we have the staff on hand today to begin working on your research. Our past experience means that we have already developed survey, sampling, and analytical methodologies that have been tested. Much of this prior effort can be effectively adapted to your current research. This means that we don't have to spend time developing a research methodology from scratch. This experience extends beyond our research staff to our data collection staff. Many of our interviewers have worked on surveys that involve assessments of health insurance coverage.

2. Family Survey

Survey Design and Methodology

Market Decisions will manage and conduct the Family Survey using a survey design and survey methodology approved by the state of South Dakota. Market Decisions will work with the state of South Dakota to develop and refine the instrument used for the Family Survey. The final version of the Family Survey will be programmed into our WinCATI software for pretesting and data collection.

Based on our past experience, we offer the specific expertise and recent experience to meet the goals established by the state of South Dakota for the Family Survey. We believe our significant experience in health insurance research will benefit the state in designing a survey instrument to meet the needs of your current study.

Market Decisions has conducted numerous studies on health insurance and healthcare issues, including several large-scale health insurance research studies in five states. Our staff has fielded large-scale health insurance surveys, as well as designed research projects tailored to the specific needs of these clients. Market Decisions has worked closely with clients from a number of states in defining goals for studies and developing survey instruments tailored to meeting established research goals. If awarded this study, our senior researchers will work closely with the staff of South Dakota to design the Family Survey instrument. We would recommend using a design similar to one we have used in many other states. One advantage to using this design is that it has been tested and refined through numerous administrations in several other states.

Given our prior experience, we feel that we have a sound understanding of the problems that might arise during the course of this research. We have already seen most of the constraints and issues involved in health insurance research during the course of such research in other states and have already identified effective solutions. Our past work in the area of health insurance research has helped us develop a survey methodology that can accurately assess health insurance coverage, health care access, barriers to care, and other health and demographic indicators. Our survey is designed as a set of modules that can be used based on the needs of the client. Our approach relies on modules that address specific topical areas. Our past experience has demonstrated distinct advantages to our modular approach:

First, a modular approach avoids redundancy in programming questions. In our approach, we group questions by topic area (rather than sub-population) and route all appropriate respondents through the questions. Thus, in our approach we would have one separate module that, for example, dealt with employment, employer offered insurance, health care utilization, and so on through which all appropriate respondents are routed. In programming terms, we need only program one set of questions, not several that are imbedded in many modules. This simplifies programming and reduces possibilities for error.

Second, the approach makes it easier for respondents to provide answers to survey questions since they are asked to provide information in a logical sequence. In our approach respondents are asked questions in one topic area at a time, allowing them to focus on the specific topic. For example, we would ask them to provide employment information or health care utilization information about all household members at one time. Cognitively, the process is easier for respondents to recall information. In cognitive processes, it is much simpler for a respondent to provide like information with like than to switch between contexts. Our approach focuses the respondent's attention on one topic at a time.

Third, the use of a topical modular approach reduces the time required for respondents to answer survey questions, which reduces the burden placed on respondents and serves to improve data quality and accuracy.

Each of our modules has undergone extensive development, testing and validation. To these core modules our clients have added additional items to cover specific topics. Our current survey includes modules on a range of topics including:

1. Household Characteristics

2. Enumeration of the Household
3. Demographic Characteristics of each Household Member
4. Relationships Between Household Members and Family Unit Determination
5. Type of Health Insurance Coverage
6. Private Health Insurance Coverage Characteristics
7. Medicare Supplement Coverage Characteristics
8. Follow-Ups on the Enrollment Process for State Health Insurance Coverage
9. Uninsured Characteristics
10. State Health Insurance Awareness and Communication
11. Interest in Enrollment in State Health Insurance
12. Pricing Sensitivity for Enrollment in State Health Insurance
13. Eligibility for State Health Insurance Enrollment
14. Factors Causing Dis-enrollment in State Health Insurance
15. Interruptions in Insurance Coverage
16. Concerns About Loss of Health Insurance
17. Dental and Vision Insurance Coverage
18. Prescription Drug Expenses
19. Health care expenses
20. Health care utilization and Visits to Health Care Professionals – Point of Service
21. General Health Status and Chronic Conditions
22. Health Care Cost Barriers
23. Access to and Barriers to Care
24. Employment Characteristics
25. Access to and Enrollment in Employer Sponsored Health Insurance
26. Income (family level)

Our specific topical experience with health insurance surveys will provide South Dakota with a research team that has extensive experience suited to its needs and the specific project requirements. It is our policy to work with our clients in developing or refining questionnaires, tailoring the instrument to meet the specific requirements and expected outcomes of your research. If awarded this project, our senior researchers would work in collaboration with South Dakota and provide our recommendations for survey topics, survey questions, and survey structure. We would recommend that an initial meeting be scheduled to first discuss overall research objectives and how items relate to these objectives. Based upon this initial consultation, Dr. Robertson, Dr. Maurice, and Mr. Madden will present to South Dakota a proposed draft instrument for the Family Survey. This draft will also incorporate specific questions on issues relevant to the current study including eligibility for health care coverage through an exchange as well as eligibility for and views of subsidies for the purchase of health insurance, preferences and methods of enrollment, and opinions regarding the individual mandate. Working with South Dakota, our senior researchers will then finalize the Family Survey instrument.

Disposition Reporting and Survey Response

Market Decisions understands the importance of sample disposition reporting to this research project. Along with reviewing the basic questionnaire, attention will have to be paid to the introductory and screening elements of the survey. Market Decisions has developed a survey

introduction, persuader statements, and screening protocols for other health insurance research projects that match the protocols needed in this research project. In general, the elements are:

1. Clear and Concise Introductory Statements
2. Call Outcome Tracking
3. Identification of a household
4. Identification of an eligible household
5. Identification of an appropriate respondent
6. Statement of Privacy and Implied Consent
7. Persuader/Information Statements for Reluctant Households/Respondents
8. Callback Scheduling
9. Tracking of Dispositions

Each of these elements must be incorporated into the overall questionnaire design to insure that the survey is reaching your defined population and to insure that results can be generalized to this population. Each of these elements is built into our surveys and these protocols have been thoroughly tested. The questionnaire design must also allow tracking not only of disposition codes in general, but disposition codes at various levels of determined eligibility (a very important consideration not only in response rate calculations but in sample weighting). Our screening instruments are designed to allow accurate tracking of dispositions by eligibility status.

Potential Problems and Constraints

Given our prior experience, we feel that we have a sound understanding of the problems that might arise during the course of this research. We have already seen most of the constraints that might arise during the course of such research and have already identified effective solutions. In our experience, project constraints arise for the most part with the survey itself.

The data collection procedures we use are based on an understanding of what is required to achieve an acceptable level of survey response and to minimize response bias. Finally, our analytical methodology is designed to provide accurate data from which reliable statements about a target population can be made.

The main constraints we have experienced dealt with the survey instrument itself. The experience of conducting a number of these studies has allowed us to identify problems and then implement survey design aspects to address each. Common problem areas in health insurance surveys include:

- Identification of households eligible for participation in the survey
- Family unit formation and implications in terms of income and potential eligibility for state sponsored health insurance coverage
- Verification of uninsured status
- Verification of Medicare coverage
- Confusing Medicare and Medicaid coverage
- Confusing Medicaid coverage and private health insurance coverage
- Classification of the family unit of young adults

- The Use of Day Care Services

Identification of households eligible for participation in the survey

Typically the goal of health insurance studies is to measure the health insurance status and other important concepts among the civilian non-institutionalized population of South Dakota. One issue is that an RDD sample will include telephone numbers associated with group quarters or other institutions. Another problem that can arise is telephone numbers associated with vacation residences will also be included in any RDD sample. The goal is to include only permanent residents of the state. In order to derive correct population based estimates for the civilian non-institutionalized population, it is important to identify institutional telephone numbers as well as those associated with vacation residences. Our survey design includes a verification check that identifies permanent residences, vacation homes, and institutional telephone numbers. This allows us to determine the potential eligibility of a telephone number prior to completing a survey.

Family unit formation and implications in terms of income and potential eligibility for state sponsored health insurance coverage

One design element that will have to be considered is how data is gathered on the relationship between household members. This is an important factor when analyzing household and family level characteristics. For example, in a flat person level data set one can examine the health insurance characteristics of a child. Without accurate family unit data one could not look at the employment or insurance characteristics of the parents of an uninsured child. The survey design must incorporate a methodology for family unit formation. It is also important for the accurate determination of some demographic variables such as income, which is a determining factor for eligibility in Medicaid or other state sponsored health insurance programs.

Market Decisions has developed and used a process that determines family unit composition within the household. This process has been used in all of our health insurance survey work. This allows pertinent survey questions to be tailored to ask about a particular family rather than about the household in its entirety. It also allows comparison of family versus individual data (for example, the insurance status of the parents of uninsured children among many other analyses). It is also essential to allow accurate calculations of federal poverty level measures which are used to assess potential eligibility for state sponsored health insurance programs and a potential state-based exchange.

Family unit formation is a key component of surveys that assess health insurance status, given that one fundamental unit of analysis is the federal poverty level. There is a strong relationship between a family's income and insurance coverage, type of coverage, and other plan aspects. In analysis, income is an important defining characteristic of residents in relation to insurance coverage and is typically included in standard analysis. For analysis by federal poverty level, one must have a clear idea of the family structure of those residing in the household. While in most cases a household will contain only one family unit, this is not true of every household. In order to accurately calculate income as a percentage of federal poverty level, one must know:

- How many family units reside in the household, and
- The number of residents in each family unit.

One cannot simply use the total number of residents in the household since there may be more than one family unit. Market Decisions has developed a methodology that has been used successfully in all our health insurance surveys. This methodology is designed to establish the relationship of every person residing in the household to the head of the household. Based upon these relationships, an algorithm assigns the members of the household to appropriate family units. This logic is programmed into our CATI programs so that during the course of the interview, questions pertinent at the family level can be asked of the appropriate family unit. This is noted and questions can then be tailored to ask of the family units rather than simply asking about the household as a whole. In the example of income, the question would be tailored so that annual incomes were asked independently for each family unit, which, in turn, would allow accurate calculation of federal poverty level. Further, this provides a direct link between family level characteristics and individual level characteristics. A sample of a classification scheme is provided below:

1. The head of household and his/her spouse partner were classified in the same family unit (always family unit 1).
2. Adults 23 and older who were not married, a domestic spouse, or civil union partner of the head of household were classified as a separate family unit (each considered separate unless there was a marital/parental/guardianship relationship to someone else in the household).
3. Married couples, domestic partners, and those in civil unions were classified in the same family unit with the exception noted below.
4. Married couples involving someone under 17 were grouped based upon their relationship to others in the household. If such a person was the child/ward of another household member they were classified in the same unit as their parent(s)/guardian and their spouse/partner in a separate unit. In those cases where they were not the child/ward of another household member, they and their spouse/partner were grouped as a separate family unit.
5. Children 17 and younger were classified in the same unit as their parent(s)/guardians. If their parent(s) or legal guardian did not live in the household, they were considered a separate family unit.
6. Children age 18 to 23 were classified based upon whether they were currently full-time students in high school or in post-secondary education institutions. Those who were full-time students were classified in the same unit as their parent(s)/guardian (with exceptions noted below). Those who were not full-time students were classified as a separate family unit.
7. Children age 18 to 23 who were a spouse/partner of another household member or someone not residing in the household were considered a separate family unit.
8. Children who were 18 to 23 and who had a child of their own, either within the household or outside the household, were considered a separate family unit.
9. Finally, those who were identified as the ward of another household member were classified in the same unit as that household member unless prior rules determined the ward should be classified separately.

In our surveys, this basic structure is modified to address state specific issues of families. For example, in states such as Vermont, the survey logic is tailored to allow same sex couples.

Verification of uninsured status

All of our health insurance survey projects have always included a verification question asked of those indicating they are uninsured. This is included as a last check to verify their lack of any health insurance. While most of those people who do not identify any type of health insurance do verify they are uninsured, a small percentage will in fact indicate coverage by health insurance. In our prior studies, the percentage of people who indicated initially they were uninsured and verified this status averaged about 95%; however, this meant that without the verification question, 5% would have been incorrectly reported as uninsured. A study in the 1999 Current Population Survey lead to the conclusion that 8% of those indicating they had no insurance coverage during the prior year in fact had some type of health insurance: this lead to CPS including a verification question in their own survey design.

Verification of Medicare coverage

In our prior research we had observed a small percentage of adults 65 and older indicating they were uninsured or had insurance besides Medicare (and did not mention Medicare coverage). It was felt that this may lead to an under-reporting of Medicare coverage. Given that virtually all adults 65 and older are covered by Medicare, Market Decisions incorporates a verification question to determine if these adults were inaccurately reporting their health insurance coverage status. The hypothesis was that some respondents may not think of Medicare as a type of health insurance. In Rhode Island, our results found that 36% of those 65 and older initially indicating they were uninsured indicated they were covered by Medicare after they were asked the verification questions. The overall impact was a 3% increase in the percentage of Rhode Island residents reporting Medicare coverage. The verification question also led to a 3% increase in the percentage of Pennsylvania residents reporting Medicare coverage in our 2004 and 2008 studies.

Confusing Medicare and Medicaid coverage

Another significant problem that can arise is confusion among respondents about coverage by certain types of governmental insurance. Our prior health insurance research had demonstrated that occasionally respondents will confuse these two health insurance programs. To help alleviate this concern, our survey instrument used in several states now incorporates several questions to verify Medicare and Medicaid coverage:

- If a person is age 65 and older and indicated only Medicaid coverage they are asked to verify whether this is Medicaid or possibly Medicare (they are read a description of both programs).
- If a person is under age 65 and indicated only Medicare coverage they are asked to verify whether this is Medicare or possibly Medicaid (they are read a description of both programs).

Adding these verification questions had a minor impact on the estimates for Medicare coverage. The impact in our recent Pennsylvania and Rhode Island surveys was an increase in the reported incidence of Medicare coverage by less than 1%. The verification questions had a much larger impact on the estimates of Medicaid coverage. When those under 65 were asked if their coverage was truly Medicare, 15% of those in Pennsylvania and 37% of those in Rhode Island indicated they had coverage through Medicaid. The overall impact was an increase of 2% of the percentage of Pennsylvania residents reporting Medicaid coverage and a 5% increase in the percentage of Rhode Island residents reporting Medicaid. Without such verification questions, there would have been an under-reporting of Medicaid coverage in both states.

Confusing Medicaid coverage and private health insurance coverage

In our experience, we have also found that verifications are needed to verify residents are reporting coverage through the correct program, be it Medicare or Medicaid. However, another source of error occurs when residents incorrectly report their Medicaid coverage as private insurance coverage. Further, its impact on the reported rates of Medicaid coverage is much greater than that observed among those confusing Medicaid with Medicare. To address this problem, our health insurance survey methodology now incorporates verification protocols to assess whether reported private health insurance is actually an insurance coverage through a state sponsored health insurance program. The protocol keys on the insurance providers in the state. On a state-by-state basis we identify the providers who are responsible for administering a state's Medicaid program (and other state sponsored health insurance programs). Those whose private health insurance is offered through these identified providers are asked a set of verifications to insure that the policy is really private health insurance. Our work in Pennsylvania and Rhode Island indicate that without such verification, there can be a significant undercount of Medicaid recipients. In our Pennsylvania study, the verification accounted for 5% of all residents covered by Medicaid. In our Rhode Island study, this verification accounted for 11% of residents covered by Medicaid. The issue in Pennsylvania was especially complex given the large number of private health insurance providers that are contracted to provide state sponsored health insurance. While complex, Market Decisions effectively developed protocols to determine if the respondent was confusing private health insurance with a state sponsored health insurance plan.

Classification of the Family Unit of Young Adults

An important consideration in gathering demographic information is that certain characteristics are also important in family unit assignment. Of concern is whether a young adult household member is currently attending school. Depending on state rules, a young adult can either be classified as a member of their parent's family (for factors such as eligibility for state health insurance) or as a separate family. For example, in Vermont residents aged 18-23 are classified as a member of their parent's family if they are currently attending school while are considered a separate family if they are not currently attending school. For this particular age group (based on how South Dakota may classify young adults), school attendance (which may be high school or a college or university) may determine whether they can be considered in the same family unit as their parents or whether they must be considered a separate family unit. This is further complicated by new changes in health care reform that allow a child to have coverage through a parent's plan until age 26. Market Decisions has developed questions and survey logic to help correctly classify young adults.

Income Offsets in Determination of Eligibility

Often times, states apply income offsets in their calculations for eligibility for state health insurance. It is anticipated that many such offsets will also be in play with the new state-based health exchanges when making determinations of the level of subsidies. One common offset is child care expenses. The use of day care services can have a potential impact on the income eligibility of residents when applying for state health insurance programs such as Medicaid and potentially subsidies for insurance obtained through a state-based exchange. This is the case because many states allow those with children in day care to apply income offsets to their gross income before the determination is made for eligibility. Without a series of questions about the use of daycare services, one may not accurately calculate the income used in determinations of eligibility for state health insurance. In essence, one will underestimate the number of residents eligible for state health insurance programs. Market Decisions has incorporated a series of question that assess the use of day care services in several of our state health insurance surveys and have used these responses to make accurate determinations of income eligibility for state health insurance.

Gathering Data from One Household Member, Gathering Data on All Household Members, or Mixed Designs

One important concept that survey design must take into account is that for a significant percent of households, all members of the family are covered by the same insurance policy. Another design issue in context; questions should be asked in a similar fashion for all members of the household. Both issues are related to a fundamental design issue when assessing insurance coverage: Should such a survey gather data about one member of the household, should one attempt to gather data about all members of the household, or should one use a hybrid design where some information is gathered on all household members while other information is only gathered on a target household member? In the past we have believed that the best approach has always been to gather data on all members of the household.

In past studies, our general strategy has been to gather information about all members of the household. The advantage of this approach is that it provides a more comprehensive picture of health insurance coverage and status as well as other elements included in comprehensive health insurance studies. Second, the questions are asked in a logical sequence with the respondent enumerating the types of insurance coverage for each household member in sequence. In cognitive processes, it is much simpler for a respondent to provide like information with like than to switch between contexts. For many respondents, it also simplifies the process of answering questions since they provide the information at once (given the same insurance policy may cover many individuals in the family). Finally, the depth of information is much greater since the characteristics of insurance coverage (for example, if their private insurance is offered through an employer) are associated with each member of the household.

The weakness often cited for this approach is that the information is provided via proxy and not directly from the person of interest. Based on our experience, this is not a significant weakness. First, in cases where a random resident is selected, a proxy may have to eventually provide the information anyway (such as in the case of a randomly selected child). Second, identification of the correct proxy can actually improve data quality. In our research designs, the person within the household who is most familiar with health insurance and medical information is identified and this would be the respondent who is interviewed and asked to provide information. This is the person within the household who is most capable of answering questions about health insurance coverage and status. There are occasions where one person in the household will not be capable of providing information for every other member of the household. In this case, it would not be appropriate to talk with this identified household member. Our recommended survey design anticipates this occurrence. During the course of the interview, the respondent is asked to identify any member of the household for whom they have insufficient experience to provide information on health insurance coverage or any other component of the survey. A second verification is included at the end of the survey since without foreknowledge of the specific questions a respondent may feel they have sufficient experience but then determine based on the questions asked that their experience was insufficient. In such occurrences, the appropriate individual is identified and they are contacted to provide the information. While this increases the complexity of data collection, it is a process that best insures that the information gathered is correct.

Another weakness that is often cited is survey length. Simply that gathering data on all household members would result in a survey that would place a significant burden on respondents. In our experience, we have found that a household level survey is generally no longer and in some cases even shorter than hybrid designs. The main reason is that questions are asked in a logical pattern. The questions are asked in contextually related blocks about all household members. In hybrid surveys one often changes the context of questions when asking about all household members and then a target household member.

Based on the RFP, the draft survey proposed for this study is based on a mixed design where data is gathered about all household members on a set of questions, but gathered on only a subset for others. This approach is designed to provide a core set of information about all members while reducing respondent burden since many questions are only asked of a sub-set of household residents. Market Decisions is familiar with this type of survey design. While we see the

practical benefits of the design we do feel there are some inherent weaknesses to the design. The primary weakness is the lack of complete data on all household members. This often makes it difficult to conduct analysis of not only the individuals within a household but often presents significant challenges when examining family and household level results.

Potential Survey Improvements

In addition, we have an understanding of potential areas of investigation that are important given the changing natures of health insurance in the United States. Over the past several years, we have worked to develop survey questions to assess important emerging issues. These include, among others:

- Adequacy of health insurance coverage and the underinsured
- Access to employer sponsored insurance

Given the recent passage of health care reform and enacted or impending changes to the way individuals are insured it is important to examine other topics in addition to health insurance coverage. One topic area that can add important information to the topic of health insurance are questions on individual's access to employer sponsored insurance (ESI), characteristics of this ESI, and reasons they and/or their family members have enrolled or not enrolled in ESI. An examination of ESI in this research project would provide South Dakota information to assess changes in ESI and gauge the potential impact of health care reform on access to ESI.

Another topic of interest that will continue to increase in importance even if we achieve near universal health care coverage is underinsurance. Even if one is covered by health insurance the coverage may not be adequate for their needs or the needs of their family. It is important to include questions which can be used to assess whether someone is underinsured since this is the next big issue in health care coverage. By including questions from which to measure underinsurance among South Dakota residents, the state will be able to determine the size and scope of underinsurance in South Dakota.

Market Decisions has developed sets of questions related to ESI and underinsurance and validated these sets of questions in our health insurance survey work in several other states.

Sample Design

Market Decisions has implemented a number of complex sampling methodologies in our prior health insurance research. Our staff understands the development of implementation of complex sampling schemes including both sample stratification and over sampling of specific groups including racial and ethnic populations. Some examples include:

- Our work in Pennsylvania which relied on a sampling methodology that included 67 geographic sampling strata.
- Our work in Rhode Island which required purposeful over samples of racial and ethnic populations to meet specific precision targets

- Our work in Vermont which required a purposeful over sample of uninsured residents to meet specific precision targets.
- Conducting surveys among cell phone households either as an offshoot of RDD sampling (identifying cell phone only household in generated RDD samples as was done in our work in Vermont) our cell phone only specific samples (as in our current work on the Maine Community Health Needs Assessment).

We believe that our expertise in implementing a number of complex sampling methodologies specifically for health insurance surveys will provide South Dakota an invaluable resource and that a collaborative effort between Market Decisions and South Dakota will allow the development of an optimal sampling strategy for this research.

Based on the specifications of the RFP, Market Decisions would recommend a Random Digit Dial (RDD) sampling methodology for the Family Survey. Market Decisions would recommend conducting a minimum of 1,000 surveys among residents. Depending on the specific needs of the state in terms of overall level of precision and precision within important sub-populations, it may be necessary to conduct a greater number of surveys. Our cost estimate (page 58) provides several pricing options for conducting 1,000, and 2,000 surveys among South Dakota residents.

Depending on specific needs for geographic representation, Market Decisions would recommend either a statewide sample or a sample stratified by geographic area. A stratified sample would insure a sufficient number of surveys within geographic areas to allow analysis within any important geographic regions. Finally, another consideration is whether it is important to over-sample racial or ethnic minority populations to obtain a sufficient number of surveys among these populations in order to make accurate statements about health insurance coverage and other key measures. An over sample targeting either a specific geography or telephone exchanges would provide a method to reach certain groups, such as Native Americans.

Inclusion of cell phone households: Given the penetration of cell phones and households that now do not have access to a land-line in the state of South Dakota, a specific cell phone supplement would likely not be required (the current estimated cell phone only rate is 6.8%). The current RDD telephone samples do actually include some (but not all) cell phone only households and we believe this will provide sufficient coverage among this population.

In order to best meet the goals of the study, Market Decisions proposes consulting with the state of South Dakota to understand the goals and objectives of the research. From these consultations, Market Decisions would propose a sample design tailored to the needs of the project and meeting all of the criteria established by South Dakota. Market Decisions will develop a sampling plan that outlines sample strata, the number of surveys within any identified strata, the need for a targeted over sample, and the total number of surveys to complete among South Dakota residents.

Development of RDD Telephone Samples

Regardless of the number of sample strata, the sampling methodology relies on independent RDD samples within each sample stratum. Each component would be a sample with strict equal

and known probabilities of selection. It is important to note that the probabilities of selection will differ from strata to strata (if the eventual methodology relies on more than one sampling stratum), a fact that will have implications on the final sample weighting. That is, the base probabilistic sample weight will vary from stratum to stratum, and any software or vendor used to obtain sample must be able to provide the number of telephone numbers within each sampling frame.

General Population Sample

Any RDD sample used for this research must be designed to insure equal probability of selection during data collection. Market Decisions, LLC currently uses in-house software for generation of residential samples. The software is provided by Marketing Systems Group. The GENESYS sampling software is the first and only commercially available in-house sampling system with fully configured RDD design and generation capabilities. GENESYS supports RDD telephone sampling for any geographic area down to the census tract level. This includes state, county, metropolitan statistical area (MSA), ZIP Code, time zone, etc.

Market Decisions licenses GENESYS Sampling Software to produce samples for Random Digit Dial (RDD) survey research. Many firms outsource their sample to companies that cannot guarantee the accuracy of their sampling error estimations. Market Decisions uses GENESYS Sampling software to generate samples according to exacting specifications. It calculates sampling characteristics and response rates in order to accurately estimate the requirements of sample size before sampling occurs. In addition, GENESYS enables us to define the geographic sampling areas down to the level of census tracts, defining the strata with far more accuracy than possible through self-identification. These elements ensure statistically valid samples, providing a solid foundation for the ensuing analysis.

As importantly, the GENESYS software provides important sampling information that is critical for analysis of the data. The software provides the characteristics of the sample, noting the coverage of the sample, the number of telephone exchanges present in each sample, and providing the count of telephone numbers within the sampling frame. This information is critical for the development of the base design weights that form the basis of the weighting scheme used during analysis. Without this information one cannot calculate base design weights. Without correct base design weights one cannot develop accurate population estimates.

Simple Random Telephone Sampling

In the simplest terms, simple random sampling implies that every member of a population has an equal probability of selection. This is the most straightforward sampling strategy and the easiest sampling procedure from which population estimates are obtained. In a true random sample, the results provide clear estimates of the population. For example, the estimated number of people who are uninsured is arrived at by multiplying the percentage of respondents indicating they were uninsured by the total population size (as applied by weighting). This, of course, assumes a rigorous research design that eliminates other sources of bias. Further, the "actual" estimate is really considered to fall within a range with a set level of confidence.

The standard GENESYS RDD methodology produces a strict single stage, epsem sample of residential telephone numbers. In other words, a GENESYS RDD sample ensures an equal and known probability of selection for every residential telephone number in the sample frame. The GENESYS software certainly has the capability of generating strict equal probability samples for the state of South Dakota as a whole or for specific geographic strata within the state. Beyond this, however, the software has built-in features that are essential in calculating accurate sample weights and allowing strata assignment. Within any predefined area, GENESYS provides counts of the telephone numbers within the generated sample frame. The database that is built into the system is typically updated three times a year to insure that estimates are up-to-date. The same type of information is available at virtually any geographic level.

Sample Representation

There is one remaining point of consideration for the sample that has implications for data weighting. Several factors in telephone surveys complicate the sampling procedure and remove this methodology from the realm of a strict simple random survey. In order to eliminate or reduce bias, Market Decisions would recommend incorporating a series of questions regarding telephone use and specifically cell phone use. Market Decisions would also recommend including questions on service interruption. These questions Market Decisions recommends are:

- The number of telephones in the household
- Is this a personal (cell) phone or is it provided by your employer mostly for work purposes?
- Do you share a cell phone for personal use with other adults (how many other adults)?
- How many adult members of your household currently use a cell phone for any purpose?
- Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (for households with both a land line and cell phone)
- Has this household been without any telephone service for a period of two weeks or more at any time during the past 12 months? (IF YES: For how many months has this household been without telephone service?)

The responses to these questions will be used in the development of the design weights for the survey.

Respondent Selection

Market Decisions recommends that the target respondent within the household should be the adult most knowledgeable about health insurance in the household. In our health insurance studies, Market Decisions has relied on the most knowledgeable respondent to provide responses to questions about themselves and other household members. Our survey design incorporates screening criteria to identify the most knowledgeable respondent and we will incorporate these screening criteria into the front-end programming of the survey.

3. Small Business Survey

Survey Design and Methodology

Similar our proposed strategy with the Family Survey, Market Decisions will manage and conduct the Small Business Survey using a final survey design and methodology that is approved by the state of South Dakota. Market Decisions will work with the state of South Dakota to develop and refine the instrument used for the Small Business Survey.

Market Decisions has prior experience designing and conducting surveys with small businesses on the topic of health insurance. Most recently, this included a survey of contractors who had worked with the City of Portland, Oregon. The survey covered topics such as if the contractors provided health care coverage and other benefits to their employees, what type of coverage they provided, how much they contributed to employees' premiums, and any issues they faced providing health care coverage to employees.

Given our past experience, we believe we offer the expertise to meet the goals established by the state of South Dakota for the Small Business Survey and can work with the state to design a survey instrument to meet the research needs outline in the RFP. Similar to the Family Survey, Market Decisions understands many of the problems that might arise during the course of this Small Business Survey and has identified effective solutions.

Based on the information provided in the RFP, the Business survey will contain (but not be limited to) the following topics:

1. Number of businesses currently providing and not providing health care coverage.
2. The challenges associated with providing health care coverage.
3. Level of understanding and opinions on employer mandates.
4. Proposed changes to insurance plans as a result of PPACA.

In addition, the state may want to consider asking questions on the topic of cost sharing between employers and employees to find out how much of the cost of health care coverage employers are shifting onto employees.

Market Decisions senior research team will work in collaboration with the state and provide our recommendations for survey topics, survey questions, and survey structure. We will also work to refine the questionnaire as needed until it is approved by the state.

After the initial consultation with the state, Dr. Robertson, Dr. Maurice, and Mr. Madden will present to the state a proposed draft instrument for the Small Business survey. This draft will incorporate questions on issues relevant to the current study, including the topics listed above as well as questions or issues brought up during the initial consultation. Working with South Dakota, our senior researchers will then finalize the Small Business Survey instrument.

Upon approval of the final survey instrument by the state, Market Decision will program the survey into our WinCATI software for pre-testing and data collection. As description of our

CATI programming and survey testing protocols are described in more detail in the Data Collection methodology on page 38

Potential Problems and Constraints

Market Decisions has experience in dealing with many of the constraints that typically arise in surveys of this type during the data collection process and we have identified effective solutions. It is anticipated that the Business Survey will be shorter and simpler than the Family Survey in terms of number of topics covered and structure of the survey. As a result, there are fewer areas where problems can arise or opportunities for confusion.

However, there are still some common problem areas that occur when surveying businesses. They include:

Identifying the Most Appropriate Person at the Business to Answer Questions

Before a survey can be conducted with a business, an interviewer must identify the appropriate person to speak to. While the sample list of small businesses will likely contain some contact names, many records will not have any contact information. Therefore, during the introduction to the survey, Market Decisions proposes asking to speak with the decision maker responsible for managing the company's health benefits, such as the business owner, president or human resource manager.

If that person is not available at that time, the interviewer will find out when they will be available and schedule a callback for that time and date. If the interviewer begins the survey and discovers that someone else at the company may be more appropriate to answer the survey questions, an attempt will be made to identify the correct person and call them back to complete the survey.

Depending on the types of questions in the final survey, there may also be cases where more than one person is needed to fully complete a survey. In these cases, Market Decisions will complete a partial survey with the first respondent, and then attempt to speak to the second person to complete a survey. Alternatively, the first respondent can gather the information they do not know from within the business and we will call them back at a later date to complete a survey.

It is important to identify the most knowledgeable person at a business when it comes to decisions about health insurance coverage. In our experience, surveying the wrong person at a business will lead many missing data and no answer responses, possibly rendering a survey invalid. It also has the potential to create biased data if a respondent is providing incorrect information about the company.

Maximizing Response Rates

The data collection procedures we use are based on an understanding of what is required to achieve an acceptable level of survey response and to minimize response bias. It is important to maximize response rates to ensure that the data collected is representative of the statewide

population and is not biased due to non-response error (the concept that those who did not respond to the survey are different than those who did in terms of how they would have answered the questions).

There are a number of issues unique to business surveys in order to maximize response rates. Often, business surveys require that interviewers navigate their way through gatekeepers to get to the person most appropriate to take the survey. This requires multiple contact attempts on different days of the week as well as scheduling appointments for callbacks at times requested by the respondent. Many times, interviewers must use gatekeepers to track down the correct person to answer the survey questions. Interviewers must track down their names and extension numbers as well as scheduling callbacks at appropriate times. Finally, employers may be on vacation or out of the office during some or all of the data collection period.

One important way that Market Decisions maximizes response rates is through our CATI (Computer Assisted Telephone Interviewing) software. The CATI software that Market Decisions uses to conduct our telephone surveys tracks every call made. The type of information tracked includes the date and time the call was made, the disposition of the call (did someone answer, did the interview speak to the respondent, etc), who the interviewer spoke to, and any notes about the call.

The CATI software also assists in scheduling callbacks and makes sure that callbacks are attempted at the correct dates and times. When a scheduled callback is due to be made, it is automatically assigned to an interviewer and given highest priority over other calls.

The software also assures that every number is attempted a minimum number of times at various times of day and on various days of the week. Time zone adjustments are made automatically by the program so that appointments are not missed due to time zone differences. Partial interviews are saved automatically so that attempts can be made later. All of these strategies work together to assure that respondents have every opportunity possible to complete a survey over the course of data collection.

Our CATI software and approach is discussed in more detail below in the Data Collection methodology on page 38.

Issues with Internet Surveys

Internet surveys are sometimes used to conduct surveys of business on various topics. However, Market Decisions believes that an internet survey is not the best method to achieve the research goals of the state. First, a list of email addresses for all eligible businesses in the state is not readily available. While an email list could be purchased through a national online panel firm, the list will be incomplete and would not be randomly generated. There is the possibility that the sample panel would contain "professional survey takers", or people who conduct many surveys simply to earn money or rewards. This means that the results of an online survey would likely not be representative at the state level and could contain questionable data.

Second, response rates for internet surveys of this type are very low, typically in the 3%-10% range. Therefore, an internet survey of businesses in the state has the potential to contain a high level of response bias (since only a small group highly motivated businesses will respond). Low response rates also means that it is possible not enough surveys would be completed online to provide information on even 400 businesses in the state.

Our research methodology is designed to provide accurate data from which reliable statements about a target population can be made with a known level of statistical precision. In our opinion, an online survey would not achieve this goal.

Sample Design

Based on the specifications of the RFP, Market Decisions would purchase listed business sample for the Small Business Survey. This sample would be obtained from our sampling vendor, Marketing Systems Group. Marketing Systems Group will provide a randomized list of eligible small (2-50 employees) businesses in South Dakota. In addition, information such as business type, size and location can be appended to the sample files. This would allow the sample to be stratified by business characteristics such as size or location to ensure that enough surveys are completed within each sub-group while still providing survey results that are representative of the entire small business community at the statewide level.

While the exact specifications of the sampling strategy will be discussed in consultations with the state, Market Decisions would recommend conducting a minimum of 400 surveys among small businesses. 400 surveys would provide the state with a margin or error of +/-5% overall statewide. Depending on the specific needs of the state in terms of overall level of precision and precision within important sub-populations, it may be necessary to conduct a greater number of surveys. Our cost estimate below provides several pricing options for conducting 400, 600, and 1,000 surveys among South Dakota small businesses.

Depending on specific needs of the state, Market Decisions would recommend either a statewide sample or a sample stratified by geographic area or company size. A stratified sample would make sure that a sufficient number of surveys were completed to allow analysis within any important sub-groups. For example, if the state were to conduct 1,000 surveys, then the sample could be stratified to so that 100 surveys were conducted within 10 geographic areas, or stratified so that 200 surveys were conducted within 4 separate company size categories (2-5, 5-10, 11-24, and 25-50, for example).

Once the sample list is procured, Market Decisions will randomize it before starting data collection. We anticipate that surveys will be conducted among the business owners or human resource managers, depending on the size of the business.

In order to best meet the goals of the study, Market Decisions will consult with the state of South Dakota to understand the specific goals and objectives of the research. From these consultations, Market Decisions would propose a sample design tailored to the needs of the project and meeting all of the criteria established by South Dakota. As with the Family Survey, Market Decisions will develop a sampling plan outlining the sample strata, the number of surveys within any strata,

and the total number of surveys to complete among South Dakota small businesses to meet the state's precision requirements.

4. Data Collection Methodology

Survey Programming and Survey Pretest

Once a final approval for the Family Survey and Business Survey instruments is received from South Dakota, the approved survey instruments will be programmed into our CATI software for pre-testing. The process of testing a survey involves several steps, from initial tests of logic and flow to actual administration of the survey with respondents. Based on pretest results, Market Decisions will provide recommendations for changes to the instruments to the state of South Dakota.

The pre-test versions of the survey instruments will be programmed into our CATI software. CATI (Computer Assisted Telephone Interviewing) is the preferred method among researchers for conducting telephone surveys and the only method used by Market Decisions. Market Decisions offers Computer Assisted Telephone Interviewing (CATI) using the sophisticated WinCATI questionnaire software. Within WinCATI, Market Decisions can screen respondents for qualifications and then track respondents into defined categories. Instructions, reminders, and clarifying text appear with the questions to which they apply. Color-coding adds another dimension of clarity. Visual and audible feedback reinforces correct data entry and provides maximum error trapping. In addition, the software prevents interviewers from entering invalid responses to questions. The respondent's name or other information can be inserted into questions and answers. This allows our interviewers to identify health insurance and other questions about specific individuals within the household by name or other identifier. In addition, we can tailor design questions by pulling in information from a sample file (such as zip code) or even pull in answers to previous questions. The system keeps track of every call. It assures that every number is attempted a minimum number of times. Callbacks are easily scheduled and tracked for each interview. The system even performs time-zone adjustments to assure calls are not made too early or too late. If the respondent cannot finish a survey, the system will keep the partially completed survey so it can be resumed and completed later. It automatically picks up at the point where the interview was interrupted.

Once the pretest survey is programmed, it will be tested for logic, flow, clarity, and length. All elements of the survey are tested, including survey questions, lead in, and sampling protocols. The testing of a survey involves a number of steps. As a first step, the logic structured is outlined to allow staff to clearly see the flow of the survey from one section to the next. At this stage, our CATI programmers will also provide input for improvement to the logic of the survey and identify any flaws in the logic. This information will be submitted to South Dakota for their review along with any recommendations for changes. Once the structure, logic, and flow are finalized, the instrument is programmed. Once programmed, initial pre-tests of the flow, content, and checks for contradictory data are performed. This involves several staff members who will, at various stages, be involved in the survey process. Our CATI programmers conduct initial logic pre-tests. The instrument is then tested and reviewed by Dr. Robertson, the primary investigator. We have also found it useful to get field staff involved at this stage, since those

people who will collect the data have a different perspective into the research process. While a survey question or flow structure may make perfect sense to a researcher, the field staff can tell you whether it will make sense to a respondent. Thus, both field supervisors and interviewers test the instrument and report back difficulties or problems from a "respondent" perspective.

At this stage (if requested), field staff will contact the staff of South Dakota and conduct mock interviews. This will allow staff of South Dakota to understand how the survey will actually function when in the field.

Prior to conducting live interviews with respondents, the interviewers will be debriefed to discuss the process. If problems are identified, Market Decisions will submit a list of proposed changes to South Dakota.

A revised version of the survey will then be programmed for use during the field pretest of the survey. Market Decisions recommends 10 to 15 live interviews for both the Family Survey and Small Business Survey. The pretest process involves conducting actual interviews with respondents using the same sampling procedures that will be used during the administration of the final survey instrument. Respondents are asked not simply to answer the survey questions but are also asked to provide feedback on the question structure, wording, and clarity. This process was effectively used in the refinement of our prior health insurance survey instruments. At the end of the survey, respondents are again asked to provide feedback.

After the pretest process, interviewers and senior staff will meet to discuss the pretest. Based on the pretest, Dr. Robertson will provide a list of recommendations for survey improvement for both the Family Survey and Small Business Survey to South Dakota for their review and comment. In consultation with South Dakota, a final survey instrument will be developed for residents and small businesses that will be used during the data collection phase of the research.

Data Collection Protocols

Market Decisions' field staff has extensive experience collecting data via telephone for health insurance surveys. Interviews for the Family Survey will be conducted during the hours from 9 AM to 9 PM (local time) and seven days a week. Interviews for the Small Business Survey will be conducted during business hours from 8 AM to 5 PM (local time) Monday through Friday. The only exceptions are specific scheduled appointments outside this range. All calls will be handled from our offices in Portland, Maine.

In order to maximize response rates and provide every opportunity for an identified household and respondent to complete the survey, Market Decisions recommends that the following protocols be followed in data collection.

- Rotation of call attempts across all seven days for the Family Survey and Monday through Friday for the Small Business Survey at different times of the day according to industry standards for acceptability and legality in telemarketing.
- 15 call back attempts per telephone number at the screener level.
- A minimum of 15 callback attempts for “no answer” or answering machine only telephone non-contacts and for inappropriate contacts (contact only, no most knowledgeable respondent), and scheduled callback appointments.
- Four attempts to convert refusals (the exception to this is where, after one or more conversions are attempted, a household makes it clear that they are not to be contacted again. We must abide by their wishes since we are ethically and legally bound not to attempt to re-contact the household).
- The use of scheduled callback appointments.
- A brief message with a toll free number will be delivered to answering machines to encourage participation. This message would be left at the 1st, 3rd, and 7th occurrences of an “answering machine” disposition.

Market Decisions feels that such rigorous protocols are needed in order to achieve a high rate of response to the survey. These protocols have been used in all of our prior health insurance surveys and have led to high survey response. While a majority of sample records will not require a complete set of calls, it is important that every opportunity be afforded a household to participate in the research project. The use of such rigorous protocols should help insure meeting your target response rate.

Survey Methods to Increase Response

Survey researchers have seen a decline in survey response rates over the years. In order to maintain high data quality, our data collection and design philosophy incorporates elements to increase response and cooperation. The first is a rigorous callback protocol that maximizes the chance for participation. Callbacks are scheduled on varying days and at different times of the day. Our system also incorporates scheduled callback appointments. The respondent provides the time when he or she would like to be contacted and the system automatically retrieves the record on the appropriate day and time.

It has also been a policy to attempt refusal conversions and this protocol has been used in our health insurance surveys over the past decade. All of our interviewers are trained in the techniques of refusal conversions and it is a standard part of the interviewing process.

Beyond interviewing and refusal conversion attempts, our surveys incorporate design elements that help to elicit cooperation. Incorporating such elements is critical in maximizing response rates. That is, the survey design itself represents the first avenue for eliciting the cooperation of a respondent. We feel that it is important that any survey design include these important elements:

- Clear lead in and introductory statements that explain the nature of the research.
- Informing contacts who we are.
- Providing the name of the client.
- Persuader statements that explain why the research is important and why it is important for them personally to participate.
- A toll free telephone number and the name of the primary investigator on the project so a contact can verify the research is legitimate or the investigator can answer any questions about the research.
- A statement of implied consent that indicates the research is confidential and their name will in no way be associated with results, the results are reported in aggregate form only. The statement also indicates that the call may be monitored. Finally, it also indicates that if they do not wish to answer a question that is fine.
- If desired by the client, the name and telephone number of a contact in their organization.
- Help screens that contain information about the research and selection process that interviewers can provide to potential respondents.
- Proper question design to make the research understandable and minimize the burden on potential respondents.

These survey design elements, in conjunction with rigorous callback scheduling, scheduled callback appointments, refusal conversions, and (of course) a core of professionally trained and supervised interviewers are all aspects of the research project that maximize response rates.

Data Quality – Interviewer Training

We believe our research staff, working in collaboration with the staff of South Dakota, provides the essential expertise for the successful completion of this research. Unlike other companies, our research group includes experts in all aspects of the design, implementation, analysis, and reporting process. Our research staff also understands the technical demands of conducting health insurance research for state agencies and the necessary data and analytical quality controls.

Beyond our research staff, our interviewers and supervisors also have extensive experience in collecting survey data and have worked on one or more health insurance or health related studies. Further, all interviewers are required to train on specific projects prior to conducting any interviews for that project.

Only professionally trained and constantly supervised interviewers work on any research we conduct. All training is conducted in our central facility in Portland, Maine using CATI software. We feel that rigorous training, quality checks, and validations are important aspects of any research project. The data collected is only as good as those collecting the data. A poorly trained interviewer leads to poor data.

Our approach to training is simple; develop exceptional training tools and have the best trainers deliver the program. Interviewers receive both general training in interviewing techniques to

prepare for the job plus project specific training that is tailored to the particular research studies on which they work.

Prior to working on any research project, interviewers are instructed in a daylong session on survey research and general interviewing techniques. Each interviewer receives a training manual that covers the goals and purposes of research, policies that govern the conduct of research, and general interviewing techniques. The specific topics covered in this initial training session are detailed below. A copy of our interviewer manual is available upon request.

After their initial training, interviewers are required to conduct a series of practice interviews with other interviewing staff as well as supervisory staff. Over the course of their first month, new interviewers are constantly monitored and any problem areas addressed. After 30 days, an evaluation is conducted to determine if the interviewer is meeting the standards set for data collection staff. This review process then continues with each interviewer monitored several times on each of the projects on which they work. A comprehensive review is also conducted quarterly.

Beyond this initial training, Market Decisions has an ongoing training program that serves to introduce new developments or as a refresher course in technique. Today on average, our interviewers receive 12 days of training per year. This training is exclusive to the skills and orientation programs, or that are specifically for our clients. Individual training needs are identified constantly during our ongoing coaching and monitoring process, and customized sessions are provided for each agent based on their individual requirements. Supervisors gain further training in areas such as coaching, monitoring, advanced customer service techniques, discipline procedures, and motivation. This drives our results-oriented performance measurements and incentive programs designed to continuously improve product knowledge. Training is a constant and critical process in the success of our operation because the skills required for each job changes, as do the requirements of our clients.

Topic Areas of Interviewer Training

Overview of Survey Research

- Conducting a Survey
- Survey Design
- Sample Selection
- Questionnaire Development
- Survey Data Collection
- Tabulation and Analysis of Results
- Role of the Interviewer
- Survey Research Ethics
- Informing Respondents
- Protecting Respondents
- Protecting the Interviewer

General Interviewing Techniques

- The Interview
- Establishing Good Rapport
- Importance of the Survey
- Interviewer Attitude
- Introduction to the Survey
- Answering Respondents' Questions
- Handling Refusals
- Using the Questionnaire
- Question Objectives
- Training the Respondent
- Pace of the Interview
- Types of Questions
- Asking the Questions
- Questionnaire Instructions
- Maintaining Rapport
- Probing
- Probing Closed-Ended Questions
- Probing Numeric Answers
- Probing open-ended Questions
- Don't Know (DK) Responses
- When to Stop Probing
- Recording Answers
- Ending the Survey

Each interviewer also receives project specific training. The project training for this research study will include a review of the research, question-by-question instruction, and a series of mock interviews. Project specific training for this study will be conducted in a day-long session lasting eight hours.

Question-by-Question Specifications

While the CATI programming is undergoing testing, question-by-question (QxQ) specifications will be developed for use in training the field staff. Our senior research associates will develop and write the question-by-question specifications, in conjunction with input from the primary investigator. The specifications provide the field staff with an overview of the research and its goals, the sampling design aspects, eligibility requirements for respondents, and question-by-question instructions and notes. The QxQ specifications are critical so that interviewers are asking the questions in the same manner. They provide the meaning behind the question. Using the QxQ specifications, interviewers will go through a training session to familiarize the staff with this research project. Interviewers not trained on this specific survey will not be allowed to

work on the project. Senior researchers and field staff managers will conduct interviewer training. The training process involves a review of the research and sampling, stepping through the survey question by question so interviewers understand precise meanings. Interviewers then conduct a series of mock interviews where interviewers run through the survey with other interviewers and the field supervisory staff.

Quality Assurance

The supervisor to interviewer ratio is roughly 8 to 1. The role of the supervisor requires a high profile training program. It demands excellent leadership skills, adept problem solving, and the ability to motivate staff. We give training with efficient use of time and our low supervisor to agent ratio helps maintain a supportive and positive workplace for our staff.

A philosophy and comprehensive program of Total Quality Management is core to the culture at our field services office. Weekly meetings are scheduled to discuss the status of each project in the field, any changes, updates, procedures, and new studies.

A Performance Management System is currently in place. All supervisors receive extensive training in coaching and monitoring, including a customized course presented by our trainers.

All agents are monitored and coached on an ongoing basis and feedback is given in order to maximize the quality of services we provide for our clients. Productivity and quality are each evaluated equally, as both are critical for consistent excellence of service and an overall employee appraisal. Rewards and an incentive program are also in place to recognize those agents who provide excellence in customer service.

Data Quality – Monitoring Interviews

In-house monitoring is accomplished using an application built directly into our WinCATI software. While monitoring, our staff not only listens into the telephone call but also remotely monitors the actual computer screen so they can see the responses typed in by the interviewer. At least 10% of each agent's total contacts are monitored and recorded through audio recording and written evaluations forms on a monthly/per project basis.

The telephone system used by Market Decisions allows us to record telephone interviews in progress. These recorded interviews are saved into a password protected voicemail account that allows our clients to review and monitor surveys at any time during the data collection process (even when interviews are not being conducted). Market Decisions will provide access to the system to allow the state of South Dakota to listen to interviews remotely.

Sample File List and Reporting of Outcomes

The CATI system used by Market Decisions tracks the call outcome for every call attempt made. This call outcome file is stored in a database, which is easily accessed by our senior staff. As requested during the course of data collection, Market Decisions can also provide sample

disposition reports as requested by the state of South Dakota. The system can produce such reports quickly and our field managers actually review case outcome reports several times a day during the data collection process. In addition to sample disposition reports, our CATI system can produce disposition reports that detail results of not just the last call but all calls made throughout the data collection process. The system allows us to isolate a specific day or look at cumulative totals. Upon completion of the research project, Market Decisions will provide a complete list of sample records with all disposition codes attached, its final status, and its final eligibility.

5. Data Analysis

Market Decisions has extensive experience in managing data files and developing useable data sets with associated documentation. Our data verification procedures are designed to provide error-free data sets that allow accurate analysis of the data and reliable results. Market Decisions will provide data processing and analytical services to include:

- Edit all interviews for inconsistencies across questions.
- Conduct variable-by-variable consistency checks, including single variable and cross-variable checks.
- Code all open-ended responses.
- Develop sample weights for each record.
- Maintain quality control in editing and coding.
- Impute missing values for variables deemed important by the state of South Dakota.
- Develop analytical programs to analyze data and provide population estimates for the state by key demographic characteristics (Family Survey) or business characteristics (Small Business Survey) identified by Market Decisions and the state of South Dakota.
- Develop charts and tables for reporting.
- Develop variances estimates and design effects estimates to allow accurate calculation of standard errors and precision.
- Provide data file, data dictionary and data layout.
- Provide documentation on the data files, designate missing values, and other data processing components.

Data Verifications

Market Decisions will develop protocols for data verification and for preparing the final data sets for analysis. These protocols will not only involve post data collection processing but also include programming data verification checks into the CATI program.

Market Decisions believes that effective CATI programming will serve to eliminate many potential errors that might arise during data collection. It is our philosophy to solve potential problems before data is gathered. Data is entered directly onto our computer network through our CATI software. Editing interviews for errors begins before the interview occurs. Our philosophy is to build quality control checks into our CATI programs to eliminate errors before they occur. Embedded logic, checking variables, and questionnaire flow represent some of the

necessary components in quality control. Branching structures can prevent respondents from answering questions that are not appropriate. For example, if a person indicates that he or she is not insured, then branching would skip the question asking about the type of health insurance. Checking variables can verify responses based upon answers to previous questions to insure there are no contradictions.

The initial steps of data consistency checks are programmed into the survey instrument itself. These include verification items on key issues. An example includes the verification of Medicare coverage as opposed to Medicaid coverage among those under 65. Verifications such as these are programmed into the survey to insure that respondents are directed to appropriate questions and that answers to some key issues are verified.

However, any survey process can result in erroneous reporting or recording of data. To insure the accuracy of the data, Market Decisions will also conduct data consistency checks on the data files. As a part of the data file preparation and analysis, the first stage of this process involves checking all data to insure that responses are consistent. This process involves insuring that respondents are asked appropriate questions based upon earlier responses to variables, skip patterns are followed based upon appropriate responses to earlier items, and that respondents provide consistent answers to questions on related concepts.

The data verification procedures used by Market Decisions involve variable-by-variable checks. The process examines not only responses to the question to verify they are in the prescribed range, but also relies on multiple variable checks to assure that answers are logical and consistent. The detailed examination of variables quickly identifies any inconsistency in responses.

We feel that one should examine data early to identify any potential problems so they might be corrected rather than waiting until data collection is complete when there would be no recourse for corrections. The data check programs will be written following the pretest and their use will begin during the first week of data collection.

A variety of quality control checks are used when processing data gathered during the course of research. Initial analytical programs are written to allow us to examine data in a quick and efficient manner. Data can be output at any time during the data collection process to allow us to examine preliminary data. On projects of this complexity, we typically examine preliminary results at least twice a week during the data collection process. Beyond the basic analytical programs that allow us to examine preliminary results, specific analysis would be conducted to check data. SPSS validation programs can check data quality and consistency by examining cross tabulations of key variables to identify potential inconsistencies. By constantly evaluating and examining data during the data collection process, we avoid the pitfalls of systemic problems. If an error is noticed, changes are made and the problem is addressed before data collection is completed. In this manner, we are not put in the position that we cannot provide valid data or have to attempt to reconstruct invalid data.

Dr. Robertson will work with Dr. Maurice and Mr. Madden to develop data verification programs.

Data Imputation

As a component of the data processing and file preparation phase of the study, Market Decisions will conduct a missing values analysis of key survey variables to determine the percentage of responses indicated as "Don't Know" and "Refused." Common questions where missing values occur are in demographic and household characteristics, the most notable being household income. Incidence of missing values on key measures such as insurance status are generally quite low (<0.5% in our previous health insurance research). Our past experience has helped us design survey protocols that minimize missing values on key characteristics such as health insurance status.

Market Decisions would work with state of South Dakota to determine the needs for imputation of missing values. In past health insurance research, Market Decisions has used software incorporated into our analytical software to identify missing values, examine their relationships among other variables, assess their impact, and then develop the appropriate approach to impute these variables. In general, unless requested by a client, Market Decisions limits data imputation to a few key variables. Specifically, we only impute demographic variables that are necessary for weighting the survey data (such gender, age, ethnicity, and race in the Family Survey and business type and size in the Small Business Survey) as well as income. We do not impute health insurance variables as we generally have very low non-response on these questions as noted above.

Market Decisions relies on three commonly used methods of imputation. These include logic based, hot deck, and regression based methods of imputation. Logical Imputation involves an assessment of answers to other questions (within the case) to determine if it is possible to deduce the answer to a question with a missing value. For example, if a respondent is Asian but then refuses to give the race of their child we can logically deduce that the child is also Asian and this value is imputed. We use this technique, if possible, to impute gender, age, ethnicity and race.

If logical imputation is not appropriate or possible given the available information we use Serpentine Hot Deck Imputation. This process uses a multivariate approach whereby variables related to the variable requiring imputation of values are sorted in a "serpentine" fashion (alternating ascending and descending sorts on variables) and then missing values are replaced with the value of the nearest respondent with a valid response (due to sorting, respondents similar on multiple variables will be adjacent to each other). The related variables could include key demographic characteristics and variables with a high correlation to the variable that is to be imputed. Initial sorts will rely on categorical labels first and only on continuous variables deep into the sort.

For certain variables, such as income, the use of regression-based imputation is the most suitable method. This process uses regression analysis to predict the value of the variable. If it is determined that variables exist where it is necessary to impute values, our analysis software has built-in EM (estimation of means) and regression model algorithms to predict missing values. This technique has proven to be quite accurate for income imputation. Indeed, in an independent study conducted by the Vermont Department of Taxation it was found that income estimates including imputed values from the health insurance survey conducted by Market Decision more

closely matched administrative records when compared to the Current Population Survey conducted by the Census.

Our staff would work with the staff of the state of South Dakota to identify the need for imputing missing values and the appropriate method for predicting these values.

Data Weighting

In order for the analysis of the survey data to make statements about the population of residents and small businesses in the state of South Dakota, the two survey data sets will need to be weighted to reflect the actual population of residents and small businesses. Market Decisions will work with the staff of the state of South Dakota to develop appropriate weighting protocols. Working collaboratively with South Dakota, Market Decisions will develop a weighting plan and submit this plan to OHPR for their review and approval.

Family Survey

The standard weighting scheme we have used in our previous health insurance research was developed in conjunction with Mathematica Policy Research Institute for our work in Vermont in 2000 and has been used in all of our health insurance research since. As a preliminary weighting proposal, Market Decisions would suggest using a design weight scheme similar to this methodology in weighting the data from the Family Survey. Our survey weighting process includes four primary steps:

- The calculation of base sample weights
- Adjustment of these based weights for non-response based on eligibility status
- Adjustments for factors such as the number of phones, telephone usage, and service interruption
- Post Stratification adjustments to normalize the sampled respondents to the population based on key demographic characteristics.

The non-response weighting adjustments rely on weighting sample records based upon the eligibility status assigned to the telephone number. The eligibility status tracks the number resolution in terms of identification of eligible households and completing interviews with these households. The eligibility status of a sample record ranged from undetermined (no information had been obtained that would help determine if this was even a residence) through interview completion (completed interview with data on all household members). The table below provides a summary of the eligibility status codes:

Table 4. Eligibility Classes Used in Non-response Weighting

Eligibility Class Code (ELIGRESP)	Eligibility Class Description
1	Completed Interview – All
2	Eligible Household, Non-interview, the survey was begun but not completed
3	Eligible Household, Non-interview, the household was determined eligible but did not interviewed
4	Working Residential Number – Ineligible
5	Working Residential Number – Undetermined Eligibility
6	Ineligible – Business, Institution/Non-working Number
7	Undetermined

In the initial sample files, all sample records are assigned an eligibility status code of 7. As additional information was gained about the case, the eligibility status was changed to reflect this information. It is important to note that eligibility status is determined by evaluating all call attempts to the telephone number and not simply the last attempt.

This weighting scheme is designed to match the completion rate stages used in the calculation of CASRO response rates. The general components of this weighting scheme involve probabilistic and non response adjustments applied sequentially:

- Calculation of base sample weights
- Working residential status non-response adjustment factor
- Eligible residence non-response adjustment factor
- Questionnaire completion non-response adjustment factor

In addition to the non-response weighting components above, we would anticipate including adjustments based on the number of telephones within the household, telephone usage, and service interruption.

We would work with the state of South Dakota to develop an appropriate weighting plan and formulas to calculate the final design weights assigned to each case. Market Decisions will submit a draft weighting plan to the state of South Dakota for review prior to completing data collection. Based on feedback, Market Decisions will provide a finalized weighting plan that will be used upon completion of data collection.

Using the final design weights, Market Decisions will make final post-stratification weighting adjustments to the data set. The purpose of post stratification weighting is to standardize the weights so they sum to the actual population within South Dakota as well as summing to the population by key demographic characteristics. Market Decisions will work with the state of South Dakota to determine the set of demographic characteristics but Market Decisions would recommend at a minimum making post-stratification weighting adjustments based on age, gender, area of residence, race, and ethnicity.

Small Business Survey

Market Decisions will work with the state of South Dakota to develop an appropriate weighting plan and formulas for the Small Business Survey. However, we propose to use many of the same weighting adjustments as described in the Family Survey weighting methodology section above. The weighting process would include three primary steps:

- The calculation of base sample weights
- Adjustment of these based weights for non-response based on eligibility status
- Post Stratification adjustments to normalize the sampled businesses to the population based on key business characteristics.

The non-response weighting adjustments are described in greater detail for the Family Survey above. The final post-stratification adjustments will allow the results of the survey to sum to the actual business population within South Dakota as well as summing to the population by key business characteristics. Market Decisions will work with the state of South Dakota to determine this set of characteristics, but in our experience appropriate adjustments should be made based on business size, industry and possibly location.

Analysis of Family and Small Business Data Sets

Market Decisions will provide the state of South Dakota with analytical services including the development of analytical programs, data verification and consistency checks, data imputation, data weighting, and analysis of the Family and Small Business survey data sets. These analyses will be used to provide the final deliverables to the state of South Dakota including the oral presentation, comprehensive research report, data compendium, and final copies of the data set.

Market Decisions uses a range of software for its analysis and data storage. Most frequently analysis is conducted using SPSS, SAS and SUDAAN. These statistical packages provide us with a full range of univariate and multivariate statistical techniques and also provide the capability of analyzing data gathered through complex sampling strategies. Given this variety, Market Decisions can provide data and analysis in any number of formats. Typically we provide results to our clients that include not only counts and percentages but the associated standard errors and other measures of confidence.

Analysis would be conducted using our SPSS and SUDAAN software. This analysis will include population estimates, percentages, standard errors, and confidence intervals around responses. The analysis will be used to produce summary graphs and tables as well as a set of detailed tables. The analysis will also include significance testing to note significant differences between groups. As requested by the state, Market Decisions can provide additional multivariate analysis and modeling.

Market Decisions will consult with the staff of the state of South Dakota to determine the types of analysis they would like conducted on the data set. Based on these consultations, Market Decisions will write analytical programs and conduct all required analysis.

6. Reporting and Deliverables

Based on an analysis of the data our research team will develop a presentation and make an oral presentation of key findings. Market Decisions will also provide both a technical report and a research report that includes an executive summary of the research, background, detailed survey results with commentary and analysis, along with detailed tables, and recommendations. Market Decisions will provide a complete set of tabulations of survey responses in an easy to use data compendium. Deliverables will be produced for both the Family Survey and the Small Business Survey. The specific deliverables will include:

- Provide weekly progress tracking reports which will include problem identification report
- A preliminary report that discusses the work plan, the final survey instrument, and the sampling methodology
- An oral presentation of key findings from the research.
- A comprehensive research report that includes an executive summary of survey results, a summary section that includes graphs and tables with narrative analysis, comments, and interpretation, and technical documentation describing the research process
- A data compendium that includes a set of detailed cross tabulations tables including point estimates and confidence intervals with survey questions summarized by key demographic variables (Family Survey) and business characteristics (Small Business Survey).
- A copy of the final data set in a format specified by the state of South Dakota along with a data dictionary.

Oral Presentation of Survey Results

At the conclusion of analysis, Market Decisions, in consultation with the state of South Dakota, will prepare and give a PowerPoint presentation detailing the methodology and the major findings of the survey. Results will be presented for both the Family Survey and the Small Business Survey. Market Decisions will prepare a draft presentation and submit it to the state of South Dakota for their review and comment. Based on feedback, Market Decisions will prepare a final PowerPoint presentation. Market Decisions staff will be available to make the presentation to the state of South Dakota in person at a time determined by the state.

Comprehensive Research Report

It is understood that a comprehensive final report represents one of the deliverables for this study. The comprehensive report will provide results from both the Family Survey and Small Business Survey. Market Decisions is prepared to provide a comprehensive report on all survey results incorporating all analyses specified by the state. Market Decisions would propose a layout for providing a comprehensive report based on our prior health insurance studies. In general, our recommended report design would include:

- A brief survey methodology (the technical documentation would provide the detailed survey methodology)
- A quick synopsis of key findings in executive summary format
- A summary and discussion of findings – a narrative section that presents the findings from the study in a little more detail along with a discussion of their meaning
- A set of report sections that cover the main topic areas of the survey – this would include presenting survey results in graphical and tabular format and provide narrative description of the survey results. The narrative would include a discussion of any significant differences by sub-population and also provide tables of results (presenting point estimates, standard errors and confidence intervals) by key demographic and business characteristics
- A complete set of analytical appendices including analysis of all survey variables by a set of demographic, employment, and household characteristics. These would include point estimates and variance estimate.

Market Decisions would propose presenting survey results in graphical and tabular form. This combination would allow the most effective presentation of data to provide point estimates in terms of percentages, confidence intervals, and population estimates. We have used this reporting style for other research projects and found that it effectively meets the needs of a broad target audience. For those who simply want a quick synopsis, the point estimate data provides the level of detail required. For those who need to examine the data in more detail, confidence level ranges provide a way to evaluate differences. Based upon consultations with the state of South Dakota, Market Decisions would develop a reporting template to be used in the final comprehensive report. This reporting template would be submitted to the state of South Dakota for their review and approval. The report template would then be used to produce the comprehensive report.

Survey Tabulations and Data Compendium

Market Decisions will use our in-house SPSS and SUDAAN software to produce data tabulations every survey question in the two surveys. These tabulations will include population estimates, percentages, standard errors, and confidence intervals around responses.

To assist in the presentation of the tabulations and ensure that they are easy to read and interpret, Market Decisions recommends that these tabulations are presented within a comprehensive data compendium. This data compendium will be an Excel or web based application that contains cross tabulations for survey questions by key demographic variables. An electronic table of contents will allow users to easily navigate the tables to find specific information. As a result, the data compendium will allow users to easily look up very detailed survey information quickly without the need to run additional ad-hoc analysis.

Market Decisions has produced data compendiums as a part of past health insurance surveys. Our clients find these data compendium an extremely valuable way to disseminate survey results to those who have very specific questions to answer about a population or sub-group of people.

The data compendium we created for the Vermont Household Health Insurance Survey can be online at: <http://www.bishca.state.vt.us/health-care/research-data-reports/vermont-household-health-insurance-survey-vhhis>

Technical Documentation

Upon completion of the survey, Market Decisions will also prepare a detailed technical document that describes the survey, sampling, data collection, and analytical methodologies used during the course of this research for both the Family Survey and Small Business Survey. This report will describe the research efforts that went into the development of the research project and provide the methodological framework under which it was conducted. The goal of the technical document is to provide a very detailed view of the survey process. It describes the process that governed the conduct of the study. In general, it is a document that will only be consulted by a few who need to know very detailed aspects of the survey design and implementation. However, it is designed to meet the requirements for reporting survey methodologies that associations like AAPOR and CASRO suggest firms provide to clients. Our past experience has shown that it is an important component of the overall reporting process. If the results from the survey are ever challenged, it provides the necessary information to validate survey results. The technical documentation will document all phases of the survey process from the development of the survey and sampling methodology through analysis and reporting of the survey results.

Data Dictionary and Data Sets

A data dictionary will be provided with the final Family Survey and Small Business Survey datasets that will include variable names, variable labels, value labels, missing values, the text of the question, and a notation on whether the variable was an original survey question or a computed variable. The data dictionary will also note the population that was asked the question in cases where only a sub-population was asked the question (e.g. in cases where questions were asked only of the uninsured). In addition to the complete data dictionary, Market Decisions will also provide a summary data dictionary in an Excel spreadsheet. This will provide a quick tool for researchers to look up variables without having to look through the hundreds of pages in the more detailed data dictionary. The summary data dictionary will include:

- The section of the survey
- The variable name
- The variable label (text description of the variable)
- The location of the variable in the data set (location in an ASCII file and width)
- The page number in the detailed data dictionary on which the variable can be found
- A notation as to whether the variable is an original survey question or a computed variable
- Any notes about the variable (such as whether it was a sample variable the variables form which it was computed, among others).

Market Decisions will also provide a final copy of both the Family Survey and Small Business Survey data sets in the format specified by the state of South Dakota.

D. Project Timeline

If awarded this contract, Market Decisions is prepared to begin work on this project immediately and will meet the deadlines established in the RFP. It is understood that all deliverables must be provided to the state of South Dakota by February 28, 2011.

Dr. Robertson will serve as the overall project manager and will provide updates to the state throughout the process. He will also be present at any meetings scheduled with the staff of the state of South Dakota. Dr. Robertson would also develop the overall work plan and staffing assignments to the various phases during the course of the research project. Dr. Robertson would take an active and "hands-on" role in each phase to insure reporting is per specifications and project deadlines are met.

Market Decisions can easily meet the deadlines established in your RFP and provide deliverables within the time frame required. A breakdown of project tasks is provided below. In order to most effectively meet the goals and timelines of the study, Market Decisions would recommend consulting with the staff of the state of South Dakota upon award of the contract in November to review project goals and begin process of developing the survey instruments, survey programming, and pre-test process.

A timetable for the project broken out by phase is provided below. It provides a detailed timeline of events from initial consultations through delivery of the final data sets and documentation.

Please note that tasks requiring action or involvement from the staff of the state of South Dakota are italicized.

In addition to the items listed in the timetable, it is anticipated that our research team would meet with the staff of the state of South Dakota either in-person or via teleconference several times during the course of the study. These meetings will be scheduled at times agreeable to the state of South Dakota.

Table 5. Timetable for Project

Project Aspect	Completion Date
Phase 1 Survey Design	
<i>Execution of contract</i>	11/26/2010
<i>Initial consultations with staff of the state of South Dakota</i>	12/1/2010
Develop a work plan	12/3/2010
<i>Consultations with staff of the state of South Dakota – Survey Design</i>	12/6/2010
Development of draft survey instruments (Family Survey, Small Business Survey)	12/10/2010
Develop sampling methodology for data collection phase (Family Survey, Small Business Survey)	12/10/2010
<i>Review of draft survey instruments by staff of the state of South Dakota</i>	12/17/2010
Pre-test survey instruments submitted to the staff of the state of South Dakota	12/21/2010
CATI programming of pre-test survey instruments	12/21/2010
Train interviewing staff for pre-test.	12/27/2010
Generate pre-test sample for Family Survey and Small Business Survey	12/27/2010
Conduct pre-test interviews with residents and small business	12/29/2010
Submit pre-test survey report to South Dakota including any recommended survey changes	12/30/2010
<i>Review of survey pretest report by staff of the state of South Dakota</i>	1/4/2010
<i>Approval of the final survey instrument by staff of the state of South Dakota</i>	1/4/2010

Table 5. Timetable for Project (continued)

Project Aspect	Completion Date
Phase 2 Data Collection	
Generate final sample for Family Survey and Small Business Survey	1/3/2011
Develop training materials and QxQ specifications for survey	1/4/2011
Program final Family Survey and Small Business Survey instruments into CATI	1/5/2011
Train interviewing staff	1/5/2011
Begin telephone data collection	1/5/2011
<i>Consultations with staff of the state of South Dakota – Survey Analysis and Reporting</i>	1/14/2011
Write analytical programs	1/20/2011
Submit draft report template and analytical plan to the staff of the state of South Dakota for review	1/20/2011
<i>Review of draft report template and analytical plan</i>	1/28/2011
<i>Approval of draft report template and analytical plan by staff of the state of South Dakota</i>	1/28/2011
Complete telephone data collection	1/30/2011
Phase 3 Data Processing and Documentation	
Output data from Family Survey and Small Business Survey	1/31/2011
Code verbatim comments – Family Survey and Small Business Survey	1/31/2011
Run data cleaning and data verification programs – Family Survey and Small Business Survey	2/1/2011
Impute missing values – Family Survey and Small Business Survey	2/1/2011
Calculate design and post stratification weights – Family Survey and Small Business Survey	2/2/2011
Analysis of data from the Family Survey and Small Business Survey	2/4/2011
Provide preliminary results to the state of South Dakota	2/4/2011
Prepare draft research report of findings from Family Survey and Small Business Survey and submit to South Dakota for review	2/11/2011
Prepare draft presentation of findings from Family Survey and Small Business Survey and submit to South Dakota for review	2/11/2011
<i>Review of research report and presentation by staff of the state of South Dakota</i>	2/18/2011

Project Aspect	Completion Date
Present summary of key findings to the state of South Dakota	As requested
Develop data dictionary for final data sets	2/20/2011
Submit final research report for Family Survey and Small Business Survey	2/25/2010
Submit data compendium tabulations of findings for the Family Survey and Small Business Survey to South Dakota	2/25/2011
Submit data dictionary and data sets to South Dakota	2/25/2011
Ongoing consultations	As needed

E. Cost Proposal

The cost estimate provided below is based on the information contained in the RFP issued by the state of South Dakota and our proposed research methodology. Cost estimates are provided for both the Family Survey and the Small Business Survey. For both the Family Survey and Small Business Survey several cost estimates are provided. These designs vary by the total number of surveys and the average length of the survey. All designs would follow the design and implementation protocols outlined in the body of our proposal for development, sampling, data collection, analysis, and reporting. The estimates are inclusive of all charges from initial consultations through delivery of all required deliverables.

Individual and Family Survey

Design Name:	1000 completed surveys averaging 15 minutes in length	Cost:	\$64,407.46
Design Name:	2000 completed surveys averaging 15 minutes in length	Cost:	\$89,202.43
Design Name:	1000 completed surveys averaging 20 minutes in length	Cost:	\$78,785.98
Design Name:	2000 completed surveys averaging 20 minutes in length	Cost:	\$109,459.46

Small Business Survey

Design Name:	400 completed surveys averaging 12 minutes in length	Cost:	\$31,650.01
Design Name:	600 completed surveys averaging 12 minutes in length	Cost:	\$38,008.77
Design Name:	1000 completed surveys averaging 12 minutes in length	Cost:	\$50,726.28
Design Name:	400 completed surveys averaging 15 minutes in length	Cost:	\$38,789.39
Design Name:	600 completed surveys averaging 15 minutes in length	Cost:	\$46,617.83
Design Name:	1000 completed surveys averaging 15 minutes in length	Cost:	\$62,274.72

Appendices

Appendix A: Corporate Profile

Market Decisions is a Maine based Limited Liability Corporation founded in 1977.

Market Decisions Background and Research Approach

We are passionate about research. We believe that good research provides the basis for faster and better decisions. The key of course, is good research.

To us, good research is accurate, thorough, and compelling.

Accurate. You can trust that the information we present fully represents the attitudes, perceptions, and behaviors of the segment we are surveying within the limits we describe. To assure this, we scientifically design our studies, from the thoughtful wording of questions, to the careful selection of the sample, to the exacting way we conduct our data collection. We know, for example, how a subtle change in the wording of a question or its position in a survey can mean a difference in the response. We know that a single sloppy (poorly trained, unmonitored or perversely incentivized) interviewer can skew the accuracy of results for an entire survey. We know that responses always depend on who one asks, so we precisely construct our samples.

Thorough. We get the most information possible out of every study. We have the skills to conduct highly complex studies using advanced research methodologies; however, most often we obtain the critical information desired by using simple and practical approaches. Our attention to design assures that we ask the right questions in the right order, thinking ahead to the analytical techniques we will use later. We know how to ask questions in different ways to literally surround a topic or issue. To get the most out of a respondent, our interviewers know how to probe and obtain full and complete answers. Finally, we have a complete bag of analytical tricks that allow us to see differences and relationships in the data that others might miss.

Compelling. Our reports present information simply and completely, in order to please both busy decision makers and those who wish to get behind the numbers. Our unique format for the executive summary provides the highlights and makes the supporting data easy to find. And we provide all the information - from extensive cross tabulations to full and complete verbatim responses - so that those so inclined can develop their own conclusions. But even more important are the insights we can derive from the data. We are a team of social scientists, marketers, and statisticians, with extensive experience analyzing, interpreting, and acting on research results. We see all the data has to offer and relate it to our clients in ways that make its meaning clear and actions obvious.

Most importantly, we treat every client like they are our only client, and the information they need is critical to our success.

Mission and Values

We love what we do, which is to provide accurate and insightful information that increases your organization's probability of success. We do this by:

- Conducting research using whatever methodology is most appropriate and most cost effective for the client's needs.
- Collecting data in ways that assure its accuracy.
- Using research tools from simple to sophisticated to get the most from the data we collect.
- Analyzing and presenting information both completely and in a way that makes actions obvious.

How we work is as important as what we do. You will find us:

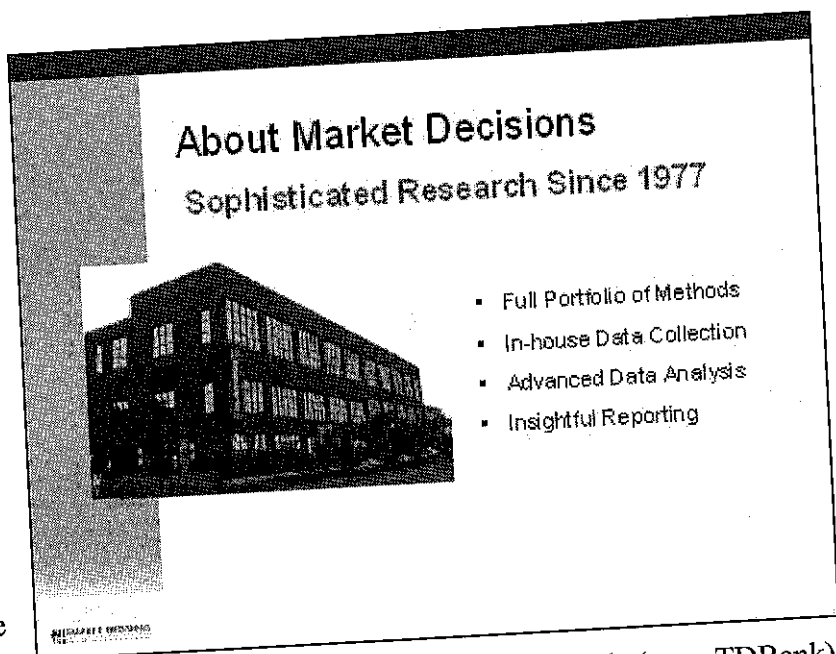
- Technically sophisticated, yet pragmatic
- Dedicated to rigorous methods, yet affordable
- Fast, yet thorough
- Exacting, yet easy to work with

We welcome the opportunity to show you what we can accomplish together.

Corporate History

Market Decisions is a private firm that specializes in health care research and evaluation for local and state governments, insurance, and health service providers. Founded in 1977, in its early years the company primarily served business and government in Maine and developed a reputation for high-quality and action-oriented consumer, public opinion, and business-to-business research.

By the early 1990's, the company was serving the survey research needs of larger organizations like L.L. Bean, People's Bank (now TDBank), Central Maine Power and Blue Cross Blue Shield. To serve these clients, the company added more sophisticated researchers, added tools like CATI interviewing software and began employing advanced analytical techniques including multivariate analysis, conjoint and cluster analysis.



By 1997, the company had grown from a small partnership to a full service research firm with a dozen researchers and a part-time interviewing and data entry staff of nearly 50.

In 1999, the company was purchased by a former client, **Curtis A. Mildner**. Mr. Mildner has over 15 years of experience in senior marketing and sales positions in a variety of industries including a consumer products company, a high-tech communications firm, and an architectural products company. In his previous role as Vice President of Marketing and Sales at a billion dollar Energy Company, he used research by Market Decisions to guide customer service changes, to dramatically improve the public image of the firm, and to develop and launch an array of new products and pricing strategies. Mr. Mildner brought his passion for action and strategy guided by research to the company.

In 2000, Market Decisions conducted a national search and added a new Research Director with extensive technical skills and experience. **Dr. Brian Robertson** is an anthropologist with nearly 20 years of research experience. He has served in the technically demanding environment of a university research setting and the fast paced environment of a commercial research firm. Dr. Robertson had an immediate impact, setting even higher standards for survey design, data collection, and analysis.

The company attracts a national quality staff with advanced degrees and extensive experience. Market Decisions now provides services to clients located throughout the United States. While the company conducts research assignments of all sizes, the size of the company's largest single assignments has grown dramatically from a maximum of about \$75,000 in the 1990's to \$750,000 by the mid 2000's.

Market Decisions has successfully conducted thousands of assignments in more than twenty states. This includes evaluation of anti- tobacco programs in Virginia, Colorado, Ohio and Maine. Market Decisions is a full service survey research firm that collects data using a variety of tools, conducts advanced analysis and reports data with actionable insights. Our twelve person professional staff includes four Ph.D. social science researchers. The education and experience of our staff permits us to conduct advanced data analysis using SPSS, SAS and for complex sampling designs, SUDAAN. To assure data quality and integrity, we conduct our own data collection, including a computer automated phone center, high speed paper survey scanning equipment, webs survey capability and a full time executive interviewing staff.

Market Decisions adheres to an academic standard of survey research and is an active member of the research community. Industry organizations prescribe standards of performance and ethics in the conduct of research. We enthusiastically adhere to the standards of leading organizations and are active members of:

- **The American Association for Public Opinion Research (AAPOR) and the New England Chapter of AAPOR.**
- **The Market Research Association (MRA), and the New England Chapter of MRA.**
- **Qualitative Research Consultants Association (QRCA).**

Each year Market Decisions conducts more than 100 research studies on a wide variety of topics and for a wide variety of organizations. This diversity of assignments and clients allows us to bring a fresh perspective to every project. Our experience in many industries and with many subjects permits us to work quickly and efficiently. Currently, most of our projects are for local, state and federal governmental agencies focusing on health care related and public policy issues.

Our Staff

All our research, from survey design to analysis, is conducted by in-house staff.

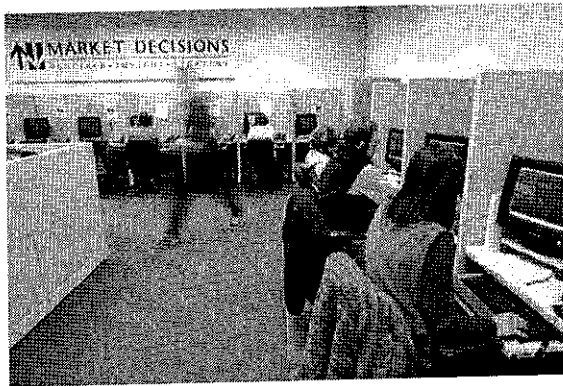
- Design and analysis is supervised by PhD and Masters Degree level researchers - a high level of expertise for a company our size.
- Dr. Brian Robertson, Director of Research at Market Decisions, has more than 25 years of experience conducting public policy and market research. Other senior research staff has over 10 years of research-related experience.
- To assure data accuracy, we exclusively use our own interviewing staff in Portland, Maine or the interviewing staff at partner facilities. We conduct all our own data processing and data entry.
- Our focus group moderators are trained at the RIVA Institute of Bethesda, Maryland; the nation's most prestigious moderator training school.

Market Decisions relies on a team approach to research. Senior staff works together on many components of the research project rather than having staff specialize in one particular facet of research. This team concept provides a depth of knowledge that can be applied to the various elements of your research and provides flexibility in meeting challenges. This is an approach we have successfully used in the design and implementation of many large scale research projects in the past.

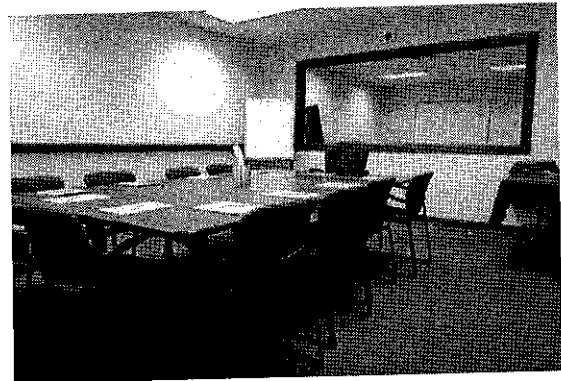
Facilities

Market Decisions research and data collection functions are housed at 75 Washington Avenue, Suite 206, Portland, Maine. This includes:

- An on-site Interviewing Center with 30 CATI equipped interviewing stations.
- A well-appointed focus group suite with a client lounge and office, a raised floor viewing room with one-way mirror, an oversized 18' by 20' focus group room, and a participant waiting area and client side entrance.



On-site Interviewing Center



On-site Focus Group Suite



Client Viewing Room

Technical Capacity

Market Decisions has the current facilities to successfully complete this research study. This includes:

- In-house telephone data survey capabilities using Computer Assisted Telephone Interviewing (CATI)
- In-house survey design software to create scannable survey forms
- In-house data entry programs and data entry system for both manual data entry and scanning
- In-house Internet survey capabilities
- A complete range of statistical software programs including SPSS, SUDAAN, and WinCross
- In-house sample generation capabilities for telephone surveys

Through our partner, Mailings Unlimited, Market Decisions has the capability of printing and mailing large scale mail surveys that can be tailored to specific groups or even to specific individuals.

Market Decisions uses several sophisticated software packages and proprietary programs to provide the most accurate and reliable data and results possible.

TeleForm Survey Design and Data Entry System: The use of TeleForm allows data entry for paper surveys to occur via scanning, eliminating the possibility of manual data entry errors. The Cardiff TeleForm software and information capture system can be used to replace manual data entry with the automated processing of paper surveys. This includes high speed recognition and scanning of both hand- and type-written characters. TeleForm ensures data accuracy, reduces data entry costs, and accelerates data entry of paper surveys. This can reduce data entry time by 90% and uses a sophisticated voting system to achieve an accuracy rate close to 100%. The software also includes other safeguards to insure accuracy of data entry including a batch control system that stores data in batches until the entire batch is validated. This insures that data will not be duplicated in cases where a problem in the middle of a batch of surveys requires re-scanning.

Statistical Software: Our staff has experience with a variety of statistical programs including SPSS, SAS, and SUDAAN. This statistical software provides the capabilities to conduct analyses, edit data, and prepare report tables. They provide a full range of analytical techniques including a variety of linear and non-linear regression models. Other components include cluster, factor, discriminant, conjoint, reliability assessments and multi-dimensional scaling, among other types of analysis. In addition to SPSS or SAS, SUDAAN is also utilized when conducting analysis on surveys with complex designs or when intra-correlation is thought to be a concern. SUDAAN is designed for the analysis of weighted data and cluster-correlated data. SUDAAN fits models using generalized estimating equations. Further, it calculates variance estimates that fully account for intraclass correlation, unequal weighting, stratification, and without-replacement sampling.

Advanced Statistical Analysis and Research Techniques: Market Decisions has access to a full range of univariate and multivariate statistical techniques and provides the capability of analyzing data gathered through complex sampling strategies (such as stratified designs). Further, Market Decisions has developed advanced research techniques. Given this variety, Market Decisions can provide data and analysis in any number of formats that are useful for the client.

Our research staff is experienced in the use and interpretation of a wide variety of statistical techniques and we can conduct additional optional statistical analyses if warranted. The tables and charts in our reports often contain population estimates, percentages, standard errors, and confidence intervals around survey responses. This format allows an easy to scan visual identification of significant differences between groups. As needed, Market Decisions also uses multivariate analytical techniques to further explore the data and produce deeper insight. Many of our research studies involve the use of one or more of the following analytical procedures:

Policy and Decisions Analysis: This method is designed to test the opinion of a respondent when they are given specific information about a potential option. It also tests which factors can influence their opinion. The method is often used when respondents are asked to evaluate options that have a variety of factors that might drive their opinion. Often times survey researchers ask questions which get top of mind opinions that are derived from an evaluation of only a limited number of factors that might potentially influence a respondent's opinion. That is, they may consider only a few things in arriving at their opinion. In Decision Analysis the first question in each series of questions is designed to gauge respondent's top of mind responses. The follow-up questions are designed to help better assess what elements they considered in forming their opinion and what factors they may not have considered in arriving at their initial opinion. The two primary outcomes of Decision Analysis are to arrive at what can be considered an informed opinion. That is, an opinion that is developed after hearing potential advantages or drawbacks to each option. The second outcome goal is to determine which potential advantages or drawbacks are most meaningful to respondents in forming their opinions.

Factor Analysis: This tool finds the underlying construct behind answers to a series of questions. For clients, it simplifies the interpretation of answers to many questions to a few "factors" that seem to drive answers to all questions. It can be used to determine the key factors which drive aspects like image or aspirations for the future. Factor analysis can help identify the key drivers in the decision making process concerning post secondary education.

Multidimensional Scaling and Perceptual Mapping: This procedure is designed to detect meaningful underlying dimensions that allow the researcher to explain observed similarities or dissimilarities (distances) between the investigated objects. In general then, MDS attempts to arrange "objects" in a space with a particular number of dimensions to reproduce the observed distances. As a result, one can "explain" the distances in terms of underlying dimensions. Further, the technique can assign meaning to these differences through the analysis of attributes or features. In this technique, objects are compared and a map is created that shows how respondents compare these objects. Dr. Robertson has used this technique on behalf of several institutions of higher education to better understand their image among the public at large.

Cluster Analysis: Most clients want to know how the demographic characteristics of respondents relate to important questions so that they can segment their customers. A general question facing researchers in many areas of inquiry is how to organize observed data into meaningful structures, that is, to develop meaningful groups. For example, one may want to understand what market segments exist within a specific region or how to segment those who may go on to seek education after high school based on their goals and aspirations. Cluster analysis groups respondents into related clusters with similar attitudes or behaviors and demographics. This provides information to better understand, target and communicate with customers or help understand what motivates groups of customers to behave in a certain way.

Linear and Logistic Regression: This procedure is used to identify predictor variables that can be used to model an outcome. In essence, these techniques answer "What factors contribute to an outcome and what is the relative contribution of each?" The procedure is often used to develop predictive models that allow clients to determine outcomes or events based on responses to survey questions.

Web Based Surveys: Market Decisions conducts web based surveys using software solutions provided through Sawtooth Technologies and SurveyWriter, Inc. The online surveys that Market Decisions conducts are fully customizable and can handle all the advanced survey design features of telephone CATI software including progressive piping, skips, randomization of questions and responses, and looping. Data is stored securely online and a password protected client username and password can allow clients to access real-time data online. Additionally, Market Decisions provides technical assistance to clients and respondents as needed on all our online surveys. Our web based surveys provide a broad range of features, including:

- Survey hosting
- Multi-lingual interviewing
- Username and password security
- Online research panels
- Sample and e-mail management
- Skipping and branching
- Randomization
- Quota control
- Validation procedures such as forced response
- Full survey customization, including fonts, colors, images and even video
- Controlled access to interview and online tools
- Real-time reporting and analysis
- Data editing and conversion
- Online and offline statistics, frequency counts and parametric statistics
- Dynamic charting
- Advanced statistical modeling (conjoint, choice base)

Telephone Survey Data Collection Capabilities: Market Decisions has used Sawtooth Technologies' WinCATI with Ci3 questionnaire authoring software for over 10 years on hundreds of projects. We have 31 licensed interviewing stations. The CATI system operates on our Microsoft local area network. Data for each interview is saved on both the independent interviewer workstation and the file server, for added protection.

The WinCATI and Ci3 software enables us to:

- Enter data directly during the interview;
- Display one question per screen, reducing the likelihood of interviewer mistakes;
- Show instructions, reminders, and clarifying text with the questions to which they apply;
- Generate random numbers to select a household member using the Kish method;
- Provide error and range checking to minimize data entry errors;
- Control skip patterns and contingency questions so only relevant questions are asked;
- Use branching patterns based on previous answers or mathematical computations.
- Insert text based on the respondent's answer;
- Dial numbers at specific times across all time zones;
- Assure that every number is attempted a minimum of 15 times;
- Keep partially completed surveys so they can be resumed and completed later, automatically picking up at the point where the interview was terminated;
- Display notes regarding previous contacts to the current interviewer;
- Monitor sample quotas when selecting a stratified random sample and notify the supervisor when a quota has been filled;
- Automatically re-dial a number that was busy when first called with specified timing;
- Schedule call-backs for later times or dates;
- Convert data directly into SPSS and SAS, reducing the possibility of data entry errors;
- Keep track of every call for detailed disposition reporting;
- Generate reports on sample status, quota cells, call dispositions, and interviewer productivity;
- Generate summary statistics on specific questions or combinations of variables.

Dynamic Reporting: Market Decisions has developed a dynamic reporting program that can automatically generate hundreds of reports based on master templates. We have used this program in a number of studies, such as the Massachusetts and Maryland Nursing Home Satisfaction Survey Programs. The reporting program can dynamically pull data directly from an SPSS dataset into Excel, automatically create all the charts, tables, peer group information, and response rate information that is required in a report, and merge this information into an approved report template. The result is a unique report (e.g. for a specific facility) that can be created from scratch in only minutes. Our dynamic reporting approach has a number of benefits over other methods of writing reports, which include the speed at which reports can be generated, the flexibility when designing or changing a report template, perfect consistency between reports, and 100% accuracy of all the data that is contained within a report. The automation process ensures that each report is created from a main report template and will look exactly the same as every other report (except for the results contained within). Since the reports

are generated by a program rather than by hand, full accuracy of the report is guaranteed and the client can be confident of the results contained within the reports.

Genesys Sampling Systems Software: Market Decisions licenses GENESYS Sampling Systems Software to produce samples for Random Digit Dial (RDD) survey research. Many firms outsource their sample to companies that are inaccurate and cannot guarantee the accuracy of their sampling error estimations. Market Decisions uses GENESYS Sampling Systems software to generate samples according to exacting specifications. It calculates sampling characteristics and response rates in order to accurately estimate the requirements of sample size before sampling occurs. Thus, adequate sample is generated at the outset of the project. In addition, GENESYS enables us to define the geographic sampling areas down to the level of census tracts, defining the strata with far more accuracy than possible through either zip code or self-identification. These elements ensure statistically valid samples, providing a solid foundation for the ensuing analysis.

For more information, please visit www.marketdecisions.com

Appendix B: Project Descriptions

Health Insurance Projects

Commonwealth Health Insurance Connector Authority Commonwealth Care Member Survey

Date: 2010 (ongoing)

Contact: Barry Hock

Title: Deputy Director

Commonwealth Health Insurance Connector Authority

100 City Hall Plaza, 6th Floor

Boston, MA 02108

Phone (617) 933-3030

Email: Barry.Hock@state.ma.us

The Commonwealth Health Insurance Connector Authority (the "Health Connector") is an independent state authority established by the landmark Massachusetts health reform law passed in 2006. The purpose of this law, known as Chapter 58, was to "expand access to health care" for Massachusetts residents. Commonwealth Care ("CommCare") is one program administered by the Health Connector aimed at expanding access to affordable coverage. CommCare provides eligible Massachusetts adults with subsidized health insurance plans. In general, adult residents of Massachusetts are eligible for CommCare if their household income is below 300 percent of the federal poverty level (FPL) and if they do not have access to employer-sponsored insurance or other health insurance programs. CommCare has been in existence since 2006. There are currently about 150,000 members enrolled throughout the state.

Market Decisions was recently awarded a contract by the Health Connector to develop and conduct a survey of its members. The goals for this survey are to:

- Provide a snapshot of the experiences of CommCare enrollees concerning application, eligibility determination, enrollment, and utilization;
- Build a foundation for longitudinal research of the CommCare population;
- Understand opportunities for policy and programmatic improvements to the CommCare program; and
- Understand the experiences of CommCare enrollees in comparison to the experiences of other populations, including those insured through other public and private insurance plans.

Market Decisions worked with the staff of the Health Connector to develop a survey. The survey instrument will be administered to a random sample of 600 current members using a multiple mode data collection method (telephone and mail). Market Decisions is currently developing the sampling and data collection methodology for the research study. Upon completion of data collection, Market Decisions will conduct analysis of the data including data verifications and data weighting and provide results to the Health Connector. Per project specifications, Market Decisions will provide a comprehensive research report of findings.

University of New England Center for Health Policy, Planning and Research (CHPPR)
Funded through a Robert Wood Johnson Foundation Grant
Evaluation of Vermont Health Care Reform
Date: 2008 to 2010

Contact: Ronald Deprez, PhD, MPH

Title: Director

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In 2008, The Center for Health Policy, Planning and Research at the University of New England was awarded a State Health Access Reform Evaluation research grant by the Robert Wood Johnson Foundation to evaluate the health care reform efforts in the state of Vermont, particularly the 2006 Health Care Affordability Act. Market Decisions is working with the Center on this research grant. Vermont's healthcare reform is comprehensive, integrated and includes components common to many state health reform efforts. In this multi-year project, our research team is using primary and secondary data to complete a comprehensive evaluation of the impact of the healthcare reform on affordability of health insurance, the impact on access to health care, and the sustainability of the policies. Our research team is using a variety of qualitative and quantitative methods, including surveys, interviews, and analysis of secondary data sets. Information gained from the study will provide valuable information for health reform strategies initiated by other states and on the national level. The goal is to provide a comprehensive report to RWJF and the state of Vermont on the reform efforts focused on issues of accessibility and sustainability.

**Vermont Commission on Health Care Reform
University of New England Center for Health Policy, Planning and Research (CHPPR)
Catamount Options Study and ESI Cost-effectiveness Study
Dates: 2009 - 2010**

Contact: Ronald Deprez, PhD, MPH

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In 2009, the Vermont legislature passed legislation calls for the commission on health care reform to assess the state's efforts at health care reform and to take into account the potential impact of federal health care reform. The study focused on two key areas:

- Comparing the cost-effectiveness of the Catamount Health program with other available alternative methods of providing health care coverage to uninsured Vermonters. This included examining the:
 1. The costs of administration and reserves.
 2. The impact of administrative complexity of multiple options on ability to meet enrollment goal of 96%
 3. The impact on amount of assistance provided to Catamount enrollees, the ability of premium subsidy to make Catamount affordable to individuals, and the number of individuals for whom assistance is available given the appropriated amount.
 4. The sustainability of the Catamount Fund and impact on the general fund of current method of administration and any alternatives.
 - 5.
- Evaluating the cost-effectiveness of the employer sponsored insurance assistance program.

Market Decision's role in the study was to analyze relevant data from the 2008 and 2009 Vermont Household Health Insurance Surveys to provide inputs into the evaluation. This included assessing eligibility for coverage among the uninsured for Catamount Health and other state health insurance programs, examining income levels to assess premium assistance requirements, developing models to assess the percent of income likely to be paid for coverage, assessing enrollment and disenrollment, and determining access to employer sponsored insurance among the uninsured, among other topics. The results of this analysis were incorporated into a broader research report that was presented to the Vermont Commission on Health Care Reform during the 2010 legislative session.

**Vermont Division of Health Care Administration
Vermont Household Health Insurance Survey
Date: 2000, repeated in 2005-2006, 2008, and 2009**

8,600 Interviews in 2000-2001

4,400 Interviews in 2005-2006

4,500 Interviews in 2008

5,000 Interviews in 2009

Contact: Dian Kahn

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Market Decisions has been involved in conducting the Vermont Household Health Insurance Survey since 2000. During this time, Market Decisions has conducted two survey administrations and provided the Vermont Division of Health Care Administration with two sets of research reports. Market Decisions also provides ongoing technical and analytical assistance to the Division along with several other Vermont state agencies. The results of the research are being used to guide Vermont health insurance policies and form a key input into Vermont Health Care Reform Five Year Implementation Plan.

The 2000 study utilized a complex stratified/cluster sampling protocol. The sample was stratified by county and data was gathered on all residents residing in sampled households. The 2005 study relied on a two stage sampling approach combining a statewide random sample of Vermont households combined with an over-sample of uninsured Vermont residents. One of the goals established for 2005 was to have a sufficient sample size of uninsured residents to allow detailed analysis of the uninsured population and to allow policy modeling to evaluate options for extending health insurance coverage to the uninsured in Vermont. In both survey administrations, the design involved rostering household members and assessing relationships among household members to identify family units. A total of 8,600 Vermont households were interviewed in 2001 and 4,400 were interviewed in 2005. Data was obtained on approximately 22,000 Vermont residents in 2001. In 2005, data was obtained on approximately 10,000 Vermont residents including 1,550 uninsured Vermont residents. The 2008 study used a modified stratified sampling protocol to obtain over samples of residents in rural Vermont and to over sample uninsured resident. In 2008, data were gathered on more than 10,000 Vermont residents including over 1,500 uninsured Vermonters.

The Vermont Household Health Insurance Survey was a comprehensive evaluation of health insurance coverage of Vermont residents. The survey was designed to assess the incidence of health insurance coverage, the source of coverage as well as past interruptions in insurance coverage. The survey also gathered a variety of data on uninsured residents including the length of period without coverage, reasons for lack of coverage, prior health insurance coverage, and access to employer sponsored health insurance. In addition to an assessment of health insurance

coverage, the survey gathered data on a range of related health topics including health status, health care utilization, chronic conditions, and barriers to health care, among other topics.

Market Decisions was involved in developing the survey instrument, providing RDD samples, developing weighting and design effect specifications, CATI programming, data collection, data processing, data file preparation, development of probabilistic, non-response, and post stratification weights, analysis and reporting. Analysis was conducted using our SUDAAN analytical software to provide correct variance estimates adjusted for design effect resulting from the sampling design. For all administrations, Market Decisions wrote a comprehensive formal research report on the survey that included incidence estimates on a number of health insurance coverage parameters, summaries of demographics, summaries of health status indicators, and measures of barriers to care, among other topics. Market Decisions also provided a profile of the uninsured population of Vermont.

For each administration, Market Decisions provided estimates of the uninsured Medicaid eligible population in Vermont. This included providing population estimates of the number of Medicaid eligible residents along with a comprehensive profile based on their demographic, health, and health care utilization characteristics. Working with our research partners from the University of New England's Center for Health Policy, Planning, and Research, Vermont also received two policy issue briefs on the uninsured and policy alternatives for providing health insurance coverage to currently uninsured residents.

Using a similar methodology as that employed in previous data collection efforts, Market Decisions re-administered the survey in 2008. The 2008 survey was expanded to include additional survey items to examine barriers to enrollment in state health insurance programs, expenditure data to allow the modeling of underinsurance, and questions to better understand the barriers to obtaining employer sponsored health insurance. Market Decisions provided Vermont with a comprehensive report of survey findings along with an extensive data compendium. The data compendium was a program developed by Market Decisions to allow end users to look at detailed survey findings by a range of population characteristics.

Market Decisions recently finished the 2009 Vermont Household Health Insurance Survey among 5,000 Vermont residents. A copy of the comprehensive report is available at <http://www.bishca.state.vt.us/health-care/research-data-reports/vermont-household-health-insurance-survey-vhhis>.

City of Portland, Oregon

Study of Health Insurance among City of Portland Oregon Construction Contractors

Dates: 2008-2009

300 Interviews

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CHPPR in partnership with Market Decisions recently completed a study on access to care options for Portland, Oregon. The office of the mayor hired CHPPR and Market Decisions to assess the health insurance needs of construction workers who work on projects funded by the City of Portland or the Portland Development Commission (PDC). The goal of the study was to assist Portland Oregon in developing options for the City to provide affordable health care services to uninsured workers of contractors hired by the City.

In January of 2009, CHPPR completed a report summarizing data collected through a survey of firms that contract or subcontract with the City or with PDC. The surveys assessed current health insurance coverage that construction firms offered to employees, barriers to access and affordability. A second survey was administered to construction workers on extent of coverage, health status and barriers to care. Subsequently CHPPR assessed regulatory issues and provided Portland with a set of policy recommendations to expand access. Work included conducting surveys of contractors and employees, cost/benefit and data analysis, identifying legal or regulatory reform areas, and identifying potential funding methods for reform. Market Decisions was responsible for conducting surveys among construction contractors and sub-contractors as well as conducting surveys among employees of these city contractors. Market Decisions developed both survey instruments used during the course of the study, developed the sample of contractors and employees, gathered data using a dual mode telephone and mail survey, prepared data sets, and provided analytical services for both surveys. A total of 83 contractors and 217 employees were interviewed. The results of the two surveys were included in a report provided by CHPPR to the City of Portland.

AARP
Wisconsin Healthcare Plan Public Opinion Survey
Date: 2009

602 Interviews

Contact: Kate Bridges
Senior Research Advisor-Northeast Region

AARP

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The Wisconsin Healthcare Plan Public Opinion Survey was conducted to help Wisconsin AARP understand perceptions of potential changes to the healthcare system in their state. This information allowed Wisconsin AARP to understand how views were likely to change during the health care debate as citizens became more informed and also to identify topics AARP should emphasize in its communications of the plan.

In order to meet this need, Market Decisions developed a custom survey instrument utilizing a survey design that tested the strength of opinions before and after new information was provided. The instrument used an approach known as "Decision Analysis," where respondents are first asked if they support an idea (in this case an insurance plan or an element of an insurance plan) and based on their answer, are routed to a series of questions to see if additional information or ideas would change their position thus allowing Market Decisions to determine which plan components are most important to respondents and which are most important to emphasize when communicating about the plan.

The research consisted of a random digit dial telephone survey conducted among Wisconsin residents 18 to 64 years old and who were not covered by government sponsored health care such as Medicaid or Medicare. A total of 602 interviews were completed between December 6, 2008 and January 11, 2009

Upon completion of data collection, Market Decisions weighted the data by age, gender, and area of residence and conducted analyses to determine which plan components were most important to Wisconsin residents. Market Decisions provided Wisconsin AARP with a detailed report of the findings including recommendations.

Pennsylvania Insurance Department
Pennsylvania Health Insurance Survey
Date: 2004, re-awarded contact for 2007-2008
6,700 Interviews in 2004
20,100 Interviews in 2007-8
Contact: Ed Naugle
Title: Chief, Operations Support
Children's Health Insurance Program and adultBasic
Pennsylvania Insurance Department
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The 2004 administration of this project was a 6,700 Sample Stratified RDD Telephone Survey among Pennsylvania residents. The Pennsylvania Health Insurance Survey was a comprehensive evaluation of health insurance coverage of Pennsylvania residents. The survey was designed to assess the incidence of health insurance coverage, the source of coverage as well as past interruptions in insurance coverage. The survey also gathered a variety of data on uninsured residents including the length of period without coverage, reasons for lack of coverage, prior health insurance coverage, and access to employer sponsored health insurance. In addition to an assessment of health insurance coverage, the survey gathered data on a range of related health topics including health status, health care utilization, and barriers to health care, among other topics. The survey results were used in the development of state policies for providing health insurance coverage to Pennsylvania residents.

The survey involved a complex stratified/cluster sampling protocol. Sample was stratified by county (67 independent sampling strata) that was tailored to meet client data needs. Within sampled records, data was gathered on all members residing in the household. A total of 6,700 households were included in the final data set (with data gathered on 17,000 individuals). The design involved rostering household members and assessing relationships among household members to identify family units. Then information was obtained on all household members including insurance coverage and type of insurance, past history of insurance non-coverage, as well as health status and health care usage measures.

Market Decisions was involved in developing the survey instrument to meet project requirements, providing a stratified RDD sample, developing weighting and design effect specifications, CATI programming, data collection, data processing, data file preparation, development of probabilistic, non-response, and post stratification weights, analysis and reporting. Analysis was conducted using our SUDAAN analytical software to provide correct variance estimates adjusted for design effect resulting from the sampling design. Market Decisions wrote a comprehensive formal research report on the survey that included incidence estimates on a number of insurance coverage parameters, summaries of demographics, summaries of health status indicators, and measures of barriers to care, among other topics. Two of the key components of the report were developing a comprehensive profile of the uninsured

population in Pennsylvania and developing estimates of the Medicaid eligible population to help inform policies for state sponsored health insurance program changes.

In 2007, Market Decisions was again contracted to conduct the PA Health Insurance Survey. The scope of the survey and design of the sample is similar to that of the one conducted in 2004, however, the size of the 2007-08 administration of the survey was tripled to include 20,100 completed interviews with households. This resulted in data being collected on about 50,000 Pennsylvania residents.

As with the previous administration, Market Decisions was responsible for all aspects of the research from design to reporting.

Pennsylvania Insurance Department
Pennsylvania State Health Insurance Disenrollment Survey
Date: 2008

1,206 interviews

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Title: Chief, Operations Support

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Pennsylvania Insurance Department

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This project involved conducting a survey among residents previously enrolled (or whose child was enrolled) in one of Pennsylvania's State Sponsored Health Insurance Programs. Market Decisions was responsible for developing the survey and sampling plan, as well as analysis and reporting.

The survey included questions on the reasons a resident (or the child of that resident) had disenrolled from one of Pennsylvania's State Sponsored Health Insurance Programs. Reasons for disenrollment that were examined in detail include current coverage from another source, cost issues, eligibility for the program, type of coverage, availability of health care providers who accept state health insurance and the quality of care received, the enrollment process, and customer service. Furthermore, satisfaction with the program was assessed along with current insurance coverage and demographic information.

The sampling plan involved a complex stratified random sample based on a list provided by the Pennsylvania Insurance Department of residents who were enrolled in a state sponsored health insurance but failed to reenroll. The sample was stratified by the specific state health insurance program the person (or their child was enrolled in) and insurance provider.

Data were collected through a telephone survey with some follow-up mail surveys among residents whose phone number was no longer in service. In all, data were collected on over 1,200 residents. Market Decisions cleaned, verified and analyzed the data upon completion and provided the Pennsylvania Insurance Department with a report that included an executive summary, methodology, key findings, and summary charts and tables.

AARP

AARP Health Insurance Survey

Date: 2008

3,022 Interviews

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AARP

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The AARP Health Insurance Survey was conducted in five states geographically dispersed all across the United States including Colorado, Louisiana, New York, Oregon, and Pennsylvania. The target population for the Health Insurance Survey consisted of all persons living in these states age 25 and older.

The survey focused on attitudes and opinions concerning potential changes to the health care system including beliefs about the current state of the health care system, moving to a single payer system, expanding state Medicaid programs, among other health insurance related topics. Additionally, the survey measured beliefs related to politics and government as well as demographic and health status questions.

The sampling approach relied on the use of an RDD telephone sample, the sample population only included those households (and residents therein) with working telephones. Data for this survey were collected between December 15, 2007 and data collection was completed by January 15, 2008. A total of 3,022 respondents were interviewed during this period.

Following the completion of data collection, Market Decisions weighted the data to be representative of adults 25 and older in each of the states surveyed with respect to gender and age. Market Decisions then analyzed the data and provided AARP with an annotated survey including results of those analyses.

Georgia Health Policy Center
Georgia Health Insurance Survey
Date: 2007

6,800 Interviews

Contact: Glenn M. Landers, MBA, MHA
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The 2007-8 administration of this project involved the administration of 6,800 Sample Stratified RDD Telephone Survey among Georgia residents. The Georgia Health Insurance Survey was a comprehensive evaluation of health insurance coverage of Georgia residents. The survey was designed to assess the incidence of health insurance coverage, the source of coverage as well as past interruptions in insurance coverage. The survey also gathered a variety of data on uninsured residents including the length of period without coverage, reasons for lack of coverage, prior health insurance coverage, and access to employer sponsored health insurance. In addition to an assessment of health insurance coverage, the survey gathered data on a range of related health topics including health status, health care utilization, and barriers to health care, among other topics. The survey results were used in the development of state policies for providing health insurance coverage to Georgia residents.

The survey involved a complex stratified/cluster sampling protocol. Sample was stratified by region and within region by income. Sampling involved six geographic regions. Within each region, an over-sample protocol was also used to meet target requirements for households whose income was less than 235% of federal poverty level. The final sampling designed included ten independent sampling strata defined by geography and income. Within sampled records, data was gathered on all members residing in the household.

A total of 6,800 households were interviewed. The design involved rostering household members and assessing relationships among household members to identify family units. Then information was obtained on all household members including insurance coverage and type of insurance, past history of insurance non-coverage, as well as health status and health care usage measures.

Market Decisions was involved in developing the survey instrument to meet project requirements, providing a stratified RDD sample, developing weighting and design effect specifications, CATI programming, data collection, data processing, data file preparation, development of probabilistic, non-response, and post stratification weights, analysis and reporting. Analysis was conducted using our SUDAAN analytical software to provide correct variance estimates adjusted for design effect resulting from the sampling design. Market

Decisions provided a finalized data set along with complete technical documentation to Georgia State University.

**Georgia Health Policy Center
Disease Management Program Client Satisfaction Survey
Date: 2008, 2009**

1,600 Interviews in 2008

1,430 Interviews in 2009

Contact: Glenn M. Landers, MBA, MHA

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In 2008, The Georgia Health Policy Center conducted research for clients with disease management programs in Georgia. As a part of this evaluation, Market Decisions conducted a telephone survey among both Medicaid members and their providers regarding disease management knowledge and satisfaction with the programs.

This survey project involved a telephone survey of 800 members and 800 providers using survey instruments provided by the Georgia Health Policy Center. Market Decisions assisted in the development of the sampling plan, collected data, and prepared the final data sets for The Georgia Health Policy Center.

Market Decisions re-administered the survey in 2009.

Vermont Agency of Human Services, Office of Health Access
Uninsured Resident Survey
Date: 2007

250 Interviews

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This research study involved administering a survey among uninsured households identified during the 2005 Vermont Household Health Insurance Survey. The goal of this research was to conduct interviews with the household containing residents that may potentially meet the state's Medicaid eligibility requirements to ascertain current coverage, assess their interest in Medicaid, to assess reasons for not enrolling, barriers to enrollment, and factor that might motivate these residents to enroll in the state's Medicaid program. The findings from this research will be used to develop strategies to better inform residents of Vermont's state health insurance programs and elicit enrollments among residents meeting Medicaid eligibility criteria. Market Decisions re-contacted households that had given permission during the 2005 VT Household Health Insurance Survey to be called back. Market Decisions developed the survey instrument used in this research study and gathered data via telephone. Market Decisions was responsible for providing a complete data set, technical documentation of the research process, along with tabulations of all survey variables.

Vermont Department for Children and Families

VHAP ESI Survey

Date: 2006

1,495 interviews

Contact: Robert McIntyre

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Market Decisions conducted a stratified sample telephone survey of 1,495 Vermont households in which members in one of the state's Medicaid programs resided. The goals of the survey were to gather additional data to help guide state policies on employer sponsored insurance. The data from the survey was used to examine possible programs to make employer sponsored health insurance affordable for current Medicaid members. The sampling strategy relied on a complex stratified sampling methodology in which samples were drawn from each of the state's five Medicaid programs. The design involved rostering household members and assessing relationships among household members to identify family units. Then, information was obtained on all household members including insurance coverage and type of insurance and past history of insurance non-coverage. Detailed data was gathered on the employer sponsored health insurance (ESI) to which residents might have access. This included whether employers offered health insurance to employees, plan characteristics of ESI, barriers to obtaining ESI, and reasons for not accepting ESI.

Market Decisions was involved in developing the survey instrument to meet project requirements, developing samples based on administrative records provided by the Department, developing weighting and design effect specifications, CATI programming, data collection, data processing, data file preparation, development of probabilistic, non-response, and post stratification weights, analysis and reporting. Analysis was conducted using our SUDAAN analytical software to provide correct variance estimates adjusted for design effect resulting from the sampling design. Market Decisions provided the Department with a weighted data set along with technical documentation of the research process. Market Decisions also provides ongoing analytical and technical assistance to the Department.

**Rhode Island Department of Health
2001, 2004-2005 Rhode Island Health Survey**

Date: 2001, repeated in 2004-05

2,600 Interviews in 2001

2,600 Interviews in 2004-2005

Contact: Jana Hesser, Ph.D.

Title: Program Manager, Health Surveys

BRFSS Coordinator

Office of Health Statistics

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Market Decisions has been involved in two administrations of the Rhode Island Health Interview Survey. Both involved research conducted among approximately 2,600 Rhode Island households. The survey is a comprehensive health assessment designed to examine health care, health status, health care needs, risky behaviors, environmental conditions, health care utilization, barriers to care, health insurance coverage, and other health related topics among the residents of Rhode Island. It is a biennial survey conducted to help the Rhode Island Department of Health formulate health care policy.

The survey involves a complex design that includes a statewide random component as well as an ethnic minority over-sample. Data was gathered on all members residing in each sampled household. In both survey administrations, approximately 2,600 households were interviewed with data gathered on approximately 7,000 Rhode Island residents. The design involved rostering household members and assessing relationships among household members to identify family units.

Market Decisions was involved in refining the survey instrument to meet project requirements, providing RDD sample, developing weighting and design effect specifications, CATI programming, data collection, data processing, data file preparation, development of probabilistic, non-response, and post stratification weights, design effects estimation due to the complex sampling strategy, and technical documentation. The first administration of this research was conducted in 2001 and the second administration was completed in 2005.

University of Minnesota, State Health Access Data Assistance Center (SHADAC)
Medicaid Undercount Study
Date: 2004

1,740 Interviews

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This study was part of a nationwide research effort that is designed to develop methods for adjusting undercounts of the Medicaid recipients in surveys of insurance coverage. Market Decisions was involved in conducting research in Pennsylvania. The research study involved sampling current Medicaid recipients from administrative records provided by the Pennsylvania Insurance Department and The Pennsylvania Department of Public Welfare. Sampling involved a complex stratified sampling methodology based on specific state sponsored health insurance programs in Pennsylvania.

A total of 1,740 interviews were conducted among these target respondents. The survey administered was identical to that used in the 2004 Pennsylvania Health Insurance Study. The survey elements included assessing incidences of insurance coverage and past interruptions in insurance coverage among residents, as well as assessing a number of health status variables. The design involved rostering household members and assessing relationships among household members to identify family units. Then information was obtained on all household members including insurance coverage and type of insurance, past history of insurance non-coverage, as well as health status and health care usage measures. Survey data was then matched to administrative records provided by Pennsylvania in order to compare survey responses concerning health insurance coverage to the coverage based on enrollment data.

Market Decisions was involved in developing the survey instrument to meet project requirements, developing the sampling protocols, generating a stratified sample based on Medicaid enrollment data, developing weighting and design effect specifications, CATI programming, data collection, data processing, data file preparation, analysis and reporting. Design effects estimations were calculated using our SUDAAN analytical software. Market Decisions provided SHADAC with a final weighted data set along with technical documentation of the research process.

Maine Health / University of Southern Maine Institute of Health Policy
Maine Health Survey

Date: 2000

3,045 Interviews

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This was a 3,045-sample stratified RDD telephone survey among Maine residents. The Maine Health Survey involved assessing incidence of insurance coverage and past interruptions in insurance coverage among Maine residents in three counties. This research conducted on behalf of Maine Health and the University of Southern Maine Health Policy Institute, involved interviews with 3,045 Maine households and gathered data on nearly 9,000 Maine residents. The design involved rostering household members and assessing relationships among household members to identify insurance units. Then insurance coverage information was obtained on all household members including insurance coverage and type of insurance, past history of insurance non-coverage, as well as health status and health care usage measures. Market Decisions was involved in refining the survey instrument to meet project requirements, providing a stratified RDD sample, developing weighting specifications, CATI programming, data collection, data processing, and data file preparation. Market Decisions provided, as a deliverable, weighted data sets to the Institute of Health Policy.

Health Related Projects

Massachusetts Department of Public Health, Tobacco Cessation and Prevention Massachusetts Tobacco Retail Policy Initiative Survey

Dates: Ongoing, 2010

Contact: Mark Paskowsky

Massachusetts Tobacco Cessation and Prevention (MTCP)

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Boston, MA 02108-4619

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This ongoing survey is being conducted to understand people's perceptions of warning labels on tobacco products and in stores where these products are sold. The sampling plan consists of a stratified sample of adults living in Massachusetts. In order to get a good mix of respondents, the sample is stratified by state regions and smoking status. Upon completion of data collection, Market Decisions will weight the data to reflect the population of Massachusetts with respect to age, gender, race/ethnicity, education, and smoking status. Additionally, Market Decisions will conduct descriptive analyses and provide a dataset and technical documentation to the Massachusetts Tobacco Cessation and Prevention Program.

University of New England Center for Health Policy, Planning and Research (CHPPR)
OneMaine Health Maine Community Health Needs Assessment

Date: 2010 (ongoing)

Contact: Ronald Deprez, PhD, MPH

Title: Director

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Market Decisions is currently working with The University of New England's Center for Community and Public Health (CHPPR) and the Muskie School at the University of Southern Maine to conduct a large scale community health needs assessment on behalf of the OneMaine Health Collaborative, an organization including the three largest health systems in Maine formed to more efficiently share information among the systems and to better understand community health needs. One key component of the assessment is a survey of more than 6,400 Maine adults. Market Decisions has worked with the OneMaine Health Collaborative, CHPPR, and the Muskie School to develop a detailed survey that will be fielded in 2010. The survey is designed to assess health needs and plan for future health services throughout the state of Maine. The survey includes a range of topics including health status, health access and utilization, disease prevalence, chronic disease management, risky behaviors, primary care, mental health, and community health needs, among other topics.

The survey includes a complex sample design with sampling done at the county level to provide detailed results for each of Maine's 16 counties. In addition, the survey includes a cell phone only protocol to provide coverage of households which no longer have a landline telephone.

Market Decisions was involved in working with our research partners to develop the survey instrument to meet project requirements, developing sampling protocols, providing RDD and cell phone samples, and CATI programming. Market Decisions will also be responsible for data collection.

Upon completion of data collection (scheduled for August 2010), Market Decisions will be responsible for analysis of the data including the development weighting and design effect specifications, data processing, data file preparation, analysis of survey results, and technical documentation. Analysis for the study will be conducted using our SUDAAN analytical software.

**University of New England Center for Health Policy, Planning and Research
Kenai Peninsula Community Health Assessment Survey**

Date: 2009

Contact: Ronald Deprez, PhD, MPH

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The Kenai Peninsula Community Health Assessment Survey was based on telephone interviews conducted among 602 randomly selected residents living in Kenai Peninsula of Alaska. The goal of the study was to provide data on the health and access to health care among this population. Market Decisions was involved in refining the survey instrument to meet project requirements, developing sampling protocols, providing RDD sample, developing weighting and design effect specifications, CATI programming, data collection, data processing, data file preparation, analysis of survey results, and technical documentation. Market Decisions conducted data analysis using our SUDAAN analytical software.

**University of New England Center for Health Policy, Planning and Research (CHPPR)
CT Community Assessment Survey**

Date: 2007

Contact: Ronald Deprez, PhD, MPH

Title: Director

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This project was a telephone survey among 1,300 randomly selected Connecticut residents. Market Decisions consulted on the development of the survey and sample design as well as conducted data collection, weighting, and analysis of the survey data. This RDD study was stratified by hospital region and was designed to assess health needs and plan for future health services in the area. Market Decisions was involved in refining the survey instrument to meet project requirements, developing sampling protocols, providing RDD sample, developing weighting and design effect specifications, CATI programming, data collection, data processing, data file preparation, analysis of survey results, and technical documentation. Analysis for the study was conducted using our SUDAAN analytical software.

Mayo Regional Hospital Community Health Assessment Survey

Date: 2006

Contact: Ronald Deprez, PhD, MPH

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The Mayo Regional Hospital Community Health Assessment Survey was based on telephone interviews conducted among 400 randomly selected residents living in the hospital service region of Mayo Hospital in Maine. The goal of the study was to provide data on the health and access to health care among this population. Market Decisions was involved in refining the survey instrument to meet project requirements, developing sampling protocols, providing RDD sample, developing weighting and design effect specifications, CATI programming, data collection, data processing, data file preparation, analysis of survey results, and technical documentation. Analysis for the study was conducted using our SUDAAN analytical software.

University of New England Center for Health Policy, Planning and Research (CHPPR) Eastern Maine Health Survey (EMHS) Community Assessment Survey

Date: 2006

Contact: Ronald Deprez, PhD, MPH

Title: Director

The Center for Health Policy, Planning and Research at the University of New England

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The Eastern Maine Health Survey was based on telephone interviews conducted between June and August 2006 among 2,366 randomly selected adults residing in specific regions of Northern Maine. The Eastern Maine Health Survey was a stratified random sample survey. The target population consisted of persons living in certain areas of ten counties in northern and north eastern Maine. The goal of the study was to provide data on the health and access to health care among this population. Market Decisions was involved in refining the survey instrument to meet project requirements, developing sampling protocols, providing RDD sample, developing weighting and design effect specifications, CATI programming, data collection, data processing, data file preparation, analysis of survey results, and technical documentation. Analysis for the study was conducted using our SUDAAN analytical software.

**Massachusetts Department of Public Health, Center for Environmental Health
Logan Airport Environmental Health Study
Date: 2005**

Contact: Margaret M. Round

Title: Environmental Analyst

Massachusetts Department of Public Health

Center for Environmental Health/Environmental Toxicology Program

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Boston, MA 02108

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Email: Margaret.Round@state.ma.us

This study examined potential environmental health effects in the vicinity of Logan Airport. This research involved a large scale survey conducted among 6,000 residents using a complex stratified sampling design of the region surrounding Logan International Airport based on potential areas of exposure to noise pollution.

Market Decisions worked with our research partner, PHRG (now the University of New England Center for Health Policy, Planning and Research), in the development and implementation of this project as well as providing analytical and reporting services. Market Decisions was involved in refining the survey instrument to meet project requirements, providing RDD sample, developing weighting and design effect specifications, CATI programming, data collection, data processing, data file preparation, analysis of survey results, and technical documentation. Analysis for the study was conducted using our SUDAAN analytical software. Market Decisions also provided consultation on developing logistic regression models to examine the effects of environmental pollution controlling for demographic characteristics.

**Maine Office of Substance Abuse/Maine CDC
2006, 2008 MYDAUS/YTS Sampling Design and Analysis
2006 MYDAUS Reporting
Date: 2006, 2008**

Contact: Melanie Lanctot
Maine Office of Substance Abuse/Maine CDC
159 State House Station
Augusta, ME 04333-0159
Phone: (207) 287-2964
Email: Melanie.Lanctot@maine.gov

Market Decisions developed the sampling frame and sampling protocols for the Maine Office of Substance Abuse Maine Drug and Alcohol Use Survey/Youth Tobacco Survey. The sampling design was used to select both middle and high schools to participate in the 2006 and 2008 MYDAUS/YTS. The complex sampling protocols required school selection process in relation to their enrollment, or selection with probability in proportion to enrollment. In addition, the sampling methodology had to meet precision requirements for both middle and high schools at the county level. Market Decisions wrote analytical programs to create a probability in proportion to size sampling methodology to determine schools for participation (the same sampling methodology used by the Centers for Diseases Control in conducting surveys such as the Youth Risk Behavior Survey). Once data collection for the 2006 MYDAUS/YTS was completed, Market Decisions was responsible for developing analytical weights for the final data set including probabilistic, non-response, and post stratification weights. Market Decisions provided OSA a weighted data set that would allow analysis of the data at the state, county, and district level as well as allowing analysis of results for individual schools. Market Decisions will also develop analytical weights in 2008.

Market Decisions was also responsible for producing a series of reports that presented results statewide, by county, by school district, and individual reports for each participating school. Market Decisions developed a software program to automatically generate over 500 customized reports based upon results from the 2006 MYDAUS survey. Data was analyzed using our SUDAAN analytical software. These 30+ page reports were generated for each school, school district, county, and OSA region in the state that participated in the 2006 MYDAUS and provided drug and alcohol use indicators for grades 6 to 12. The reports included trending analysis including statistical tests of significance. The reports also presented risk and protective factors developed by the Social Development Research Group at the University of Washington. The reports are available online at <http://www.maine.gov/maineosa/survey/home.php>. Market Decisions will also provide tailored reports in 2008.

**Massachusetts Department of Public Health, Division of Health Care Quality
Nursing Home Satisfaction Survey Program**

Dates: 2005, 2007, 2009

Contact: Roberta Bernstein

Division of Health Care Quality

Massachusetts Department of Public Health

99 Chauncy St. 2nd Floor

Boston, MA 02111

Phone: (617) 753-8062

Email: Roberta.Bernstein@state.ma.us

Market Decisions worked with the Massachusetts Department of Public Health to develop the research questionnaire and methodology for the state's Nursing Home Satisfaction Program. The goal of the program is twofold. First, the program is designed to provide consumers with information to assist in the selection of a nursing home. Second, the results of the survey are provided to individual facilities for use in their quality improvement efforts.

The research study involved the use of the survey instrument, sampling methodology, data collection methodology, and analysis and reporting protocols developed by Market Decisions and the Institute for Health, Health Care Policy and Aging Research of Rutgers University. It was one of only a few statewide initiatives designed to measure satisfaction with nursing homes. Market Decisions was responsible for three statewide administrations conducted in 2005, 2007, and 2009.

The study involved conducting research among family members of residents in Massachusetts nursing homes. In 2005, the survey was administered on behalf of 268 nursing homes among approximately 25,000 family members. In 2006, the program became mandatory and the 2007 survey was conducted among family members of residents in 444 facilities in Massachusetts; involving a survey of approximately 45,000 family members. In 2009, the third statewide administration was conducted among all facilities in Massachusetts.

Market Decisions was responsible for all aspects of this research including recruiting nursing homes to participate, compiling sample lists of respondents, screening sample for eligibility, data collection using a multi-stage data collection protocol, analysis, and reporting. Given the nature of the project, data analysis involved a complex set of analyses at the state level, by identified peer groups and at the facility level. Market Decisions developed all sample weighting protocols and conducts all analysis using our SUDAAN analytical software.

Market Decisions was also responsible for producing a series of reports for the Massachusetts Department of Public Health and for each participating facility. Market Decisions developed a software program to automatically generate over approximately 425 customized reports based upon results 2005, 2007, and 2009. These reports provide facility scores for key domains, item level scores, and overall measures of satisfaction. Trending results are provided as well as comparisons by peer groups defined by geographic location and size of facility. The reports also provide verbatim responses of comments (as well as a summary of these responses categorized into key concepts) to each facility. In addition to the research report sent to each facility, Market Decisions worked with our research partners at the Institute for Health, Health Care Policy and

Aging Research of Rutgers University to develop an interpretive guide. The guide is designed to assist nursing homes in reading their report and using satisfaction survey data in quality improvement initiatives.

Maryland Health Care Commission
Nursing Home Family Satisfaction Survey

Date: 2005, 2007, 2008, 2009

Contact: Carol Christmyer, RN. MS.

Division Chief, Special Projects

Maryland Health Care Commission

4160 Patterson Avenue

Baltimore, MD 21215

Phone: (410) 764-3575

Fax: (410) 358-1236

Email: cchristmyer@mhcc.state.md.us

Market Decisions worked collaboratively with research partners at the Institute for Health, Health Care Policy and Aging Research of Rutgers University in implementing a statewide survey pilot of our developed family member nursing home satisfaction survey. The research study involved the use of the survey instrument, sampling methodology, data collection methodology, and analysis and reporting protocols developed by Market Decisions and the Institute for Health, Health Care Policy and Aging Research of Rutgers University. It is one of only a few statewide initiatives designed to measure satisfaction with nursing homes. In 2005, the study involved conducting a survey among family members of residents of 222 nursing homes throughout Maryland or approximately 22,000 respondents. The study was repeated in 2007 among family members of residents in 219 nursing homes among nearly 18,000 respondents. The study was again administered in 2008 among nearly 18,000 respondents. Market Decisions conducted the fourth administration of the survey beginning in July 2009 with reports distributed to facilities in January 2010.

Market Decisions was responsible for all aspects of this research including: compiling sample lists of respondents; screening sample for eligibility; data collection, including an initial mailing of the instrument, follow-up reminder postcards, and a follow-up mailing of the instrument for those who did not respond initially; analysis and reporting. Given the scope of this statewide project, data analysis involved a complex set of analyses using SUDAAN at the state level, by identified peer groups and at the facility level. Market Decisions was responsible for the development of a research report that was submitted to the Maryland Health Care Commission.

In addition, Market Decisions developed a software program to automatically generate over approximately 225 customized reports based upon results in 2007, 2008, and 2009. These reports provide facility scores for key domains, item level scores, and overall measures of satisfaction. Trending results are provided as well as comparisons by peer groups defined by geographic location and size of facility

In addition to the research report sent to each facility, Market Decisions worked with our research partners at the Institute for Health, Health Care Policy and Aging Research of Rutgers University to develop an interpretive guide. The guide is designed to assist nursing homes in reading their report and using satisfaction survey data in quality improvement initiatives.

Appendix C: References

Dian Kahn

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Ed Naugle

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Appendix D: Resumes of Research Team

Brian Robertson

Education

Ph.D. University of Utah	Anthropology	1999
B.S. University of Utah	Anthropology	1991

Employment

University of New England	Associate Research Professor	2010-
Market Decisions, LLC	Research Director	2000-present
Valley Research, Inc.	VP, Director of Research	1995-1999
University of Utah Survey Research Center Survey	Analyst, Project Manager	1986-1996

Health Care Research and Evaluation Experience

Dr. Robertson has 25 years of health care research and evaluation experience. Dr. Robertson was recently appointed as an Associate Research Professor in the School of Graduate Studies at the University of New England.

Experience

Dr. Robertson has over 25 years of research experience, with hands on experience managing survey research centers, designing surveys, conducting statistical analyses and reporting the results. Dr. Robertson was employed at the University of Utah Survey Research Center for ten years, initially as a research analyst then as a project manager and finally as acting manager. His private research experience includes five years as Vice President and Director of Research at Utah's largest research company, Valley Research. Dr. Robertson has helped design and manage over 200 studies during the past five years, including large-scale mail and telephone surveys. Dr. Robertson has experience in a full range of marketing and public policy research areas. His areas of expertise include overall research design, survey design, sampling methodology, survey project management, statistical analysis of data, preparation of reports based on collected data, and development of policy goals and objectives.

Dr. Robertson has a Ph.D. in Anthropology and a Bachelor of Science from the University of Utah. He is a member of the Market Research Association, and the American Association for Public Opinion Research (AAPOR). He is a former president of the New England Chapter of the American Association for Public Opinion Research.

Computer Skills

Analytical Software: SPSS, SAS, SUDAAN

Expertise in CATI/CAPI programming: Ci3/WinCATI and CASES.

Sampling Software: GENESYS Sampling Systems Sample Generation Software

Professional Affiliations

AAPOR (American Association for Public Opinion Research)

NEAAPOR (New England Chapter, American Association for Public Opinion Research)

MRA (Market Research Association)

Jason K. Maurice

Education

Ph.D. Brandeis University	Social/Developmental Psychology	2004
M.A. Brandeis University	Social Psychology	1998
B.A. University of Southern Maine	Psychology	1995

Employment

Market Decisions, LLC	Research Associate	2005-present
George Washington University	Adjunct Instructor	2002-2005
Brandeis University	Research Consultant	2004
Brandeis University	Teaching Fellow	1997-2003
Heller School for Social Policy	Research Associate	1997-2001
University of Southern Maine	Research Assistant	1995-1996

Health Care Research and Evaluation Experience

Dr. Maurice has 15 years of health care research and evaluation experience.

Experience

Dr. Maurice serves as a Research Associate for Market Decisions. His primary responsibilities include project management, survey and research design, advanced statistical analysis, preparation and writing of reports for healthcare and public policy research projects, SPSS and SUDAAN programming, data editing and coding.

Dr. Maurice has 15 years of experience in survey research regarding health and public policy related issues. He has been involved in several projects examining tobacco, drug, and alcohol use, as well as projects examining physical activity and nutrition.

Prior to joining Market Decisions, he served as Research Consultant for the Social Perceptions Lab at Brandeis University, as Research Associate at the Heller School for Social Welfare at Brandeis University and as Research Assistant at the University of Southern Maine. Dr. Maurice also has extensive teaching experience, teaching research methods for health professionals at George Washington University, research methods, statistics, introductory psychology, and social psychology at Brandeis University.

Computer Skills

Statistical: SPSS, SAS, SUDAAN

Programming: WinCATI, Ci3,

Other: Ci3, MS Word, Excel, and PowerPoint

Professional Affiliations

AAPOR (American Association for Public Opinion Research)

NEAAPOR (New England Chapter, American Association for Public Opinion Research)

Patrick A. Madden

Education

MBA University of Southern Maine
B.S. University of Southern Maine

Business Administration
Business Administration

2003
2001

Employment

Market Decisions, LLC
Center for Business & Economic Research

Research Analyst
Research Assistant

2003-present
2000-2003

Health Care Research and Evaluation Experience

Patrick Madden has 10 years of health care research and evaluation experience.

Experience

Patrick Madden has been a Research Analyst at Market Decisions since 2003. As such, he manages survey research projects and conducts ad hoc analysis related to healthcare and public-policy related research. Mr. Madden develops survey instruments and sampling methodology, and is responsible for development and administration of internet surveys. He also has expertise in CATI programming, GIS development, and Visual Basic programming. He often performs data analysis and prepares written reports.

Mr. Madden has also worked as a Research Assistant at the Center for Business and Economic Research, at the University of Southern Maine between 2000 and 2003. At the Center, he managed a variety of program evaluation studies, conducted advanced statistical programming and analysis, and prepared extensive reporting on research results and evaluative findings.

Mr. Madden has Bachelor of Science degree in Business Administration and a Masters Degree in Business Administration from the University of Southern Maine. Mr. Madden is a Phi Kappa Phi Honor Society member, a Beta Gamma Sigma Honor Society member and a cum laude graduate of The University of Southern Maine

Computer Skills

Statistical: SPSS, SAS, SUDAAN

Programming: WinCATI, Ci3, ArcView GIS, Visual Basic, SQL, ColdFusion, JavaScript

Database: Access, SQL Server

Other: MS Office

Professional Affiliations

AAPOR (American Association for Public Opinion Research)

NEAAPOR (New England Chapter, American Association for Public Opinion Research)

Jennifer L. MacBride

Education

B.A. University of Maine - Orono	Sociology	1999
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Employment

Market Decisions, LLC	Project Manager	2004-present
	Research Assistant	2001-2004
Jimmy V's	Customer Relations	1999-2001

Experience

Ms MacBride is a Project Manager at Market Decisions. She is a 1999 Magna Cum Laude graduate of the University of Maine at Orono, with a Bachelor of Arts in Sociology.

Ms MacBride is responsible for coordinating and managing research projects at Market Decisions, more specifically for focus groups and qualitative projects. Ms MacBride works closely with clients in terms of research needs and has overseen and been directly involved with more than 100 research projects since she has been employed at Market Decisions. Ms MacBride is also a trained focus group moderator specializing in younger age groups. In addition, she performs a wide variety of research responsibilities including report writing, preparation of charts and graphs, programming CATI surveys, analytical programming, cleaning and coding data, and specialized interviewing.

Ms MacBride's academic achievements and awards include: Member of Phi Beta Kappa National Honor Society, Recipient of the Dean's Award for Research and Creative Achievement, University of Maine Dean's List '95-'99, Member of Golden Key National Honor Society, Member of Phi Kappa Phi National Honor Society, Member of Alpha Kappa Delta National Honor Society.

Computer Skills

Statistical Software: SPSS

CATI/CAPI programming: WinCATI, Ci3/CATI

Microsoft Word, Excel, PowerPoint

Professional Affiliations

AAPOR (American Association for Public Opinion Research)

NEAAPOR (New England Chapter, American Association for Public Opinion Research)

MRA (Market Research Association)

QRCA (Qualitative Research Consultants Association)

Peter Hackett

Education

Ph.D. University of Michigan	Comparative International Education	1968
M.A. Kent State University	Sociology of Education	1964
B.S. Drake University	Sociology and Education	1962

Employment

Market Decisions, LLC	Research Associate	1999-present
University of Southern Maine	Adjunct Professor	2002-present
International and Development Education	Director	1993-1999
University of Virginia	Professor/Dean	1968-1993
University of Michigan	Teaching Fellow	1966-1968

Experience

Dr. Hackett is a Research Associate at Market Decisions and provides leadership on healthcare related and public policy projects. In addition, he conducts executive and other senior level interviewing as well as liaison work on various projects. He has been the project manager for the Gallup/Partnership for a Tobacco Free Maine effort in Maine and the Gallup/Bureau of Health survey on tobacco in Illinois during 1999-2000. Dr. Hackett has expertise in program design and evaluation, management and group facilitation.

Dr. Hackett has thirty years of experience working in and with schools and colleges in the U.S. and overseas. He was a professor of education at the University of Virginia for 25 years and served as its first Dean of International Studies. He has been a Fulbright scholar, taught overseas, administered an enrichment program at the American International School in Morocco for three summers, designed and directed training programs for American and overseas educators and students. He also directs International and Domestic Education Programs, a consulting group, which develops educational programs for U.S. and overseas clients.

He developed and taught over 8,000 teachers, administrators, and college students in substance use and abuse courses in the Commonwealth of Virginia from 1970-1995.

Computer Skills

WinCATI, MS Word, & Excel

Professional Affiliations

Comparative International Education Society, President 1981-1982

Brian Brinegar

Education

B.A.	C.S.U. Fullerton	American History	1996
A.A.	Pasadena City College	Communications	1994

Employment

Market Decisions, LLC	Field Services Manager	2004-present
ZAM'Z LLC	Partner	2001-2003
Breaktime LLC	Manager	1999-2001
PhoneWare LLC	Regional Manager	1997-1999
Jones Clinic	Private Teacher	1996-1997

Experience

Mr. Brinegar serves as Field Services Manager for Market Decisions and is responsible for the daily management of the telephone research room. He is also responsible for the interviewing, hiring and training of the field services staff. He assists in survey pre-testing and CATI programming of new projects. Mr. Brinegar also oversees the quality control and monitoring of data collection as well as performing data verifications and refusal conversions.

Mr. Brinegar has many years of experience training interviewers to conduct telephone research regarding a wide variety of topics. His training methods utilize traditional classroom methods and personal one-on-one attention. Every interviewer is trained to use the Ci3 CATI program and receives a question by question introduction to each new project that they will be working on. Having started at Market Decisions as a telephone research interviewer, he is aware of the common questions and difficulties a new interviewer may have. Mr. Brinegar uses "mock" interviews to simulate these scenarios and uses live monitoring of calls to ensure high quality interviewing takes place.

Prior to joining Market Decisions, Mr. Brinegar owned a small business in California, was a Regional Sales Manager for the telecommunications company PhoneWare, and taught privately at the Jones Clinic.

Computer Skills

WinCATI, Ci3, MS Word, Excel

Xiaolei Pan

Education

MBA	Rensselaer Polytechnic Institute	Business Administration	1998
B.S.	Fudan University	Business Administration	1991

Employment

Market Decisions, LLC	Office Administrator & Research Assistant	2004-present 1999-2000
GE Power Systems China National Electronics Import & Export East China Corporation	Sourcing Quality Analyst Business Development	 1991-1998

Experience

Ms. Pan serves as Research Assistant and Office Administrator, coordinating mail surveys and preparing reports. She also manages project administration and accounting.

Prior to joining Market Decisions, she served as Quality Analyst at General Electric Power Systems managing project databases. In this position, she data-mined and analyzed project database and generated analytical reports to management regarding customers' specific sourcing quality requirements.

She has also worked in business development at China National Electronics Import & Export East China Corporation. She was responsible for developing products for international market and performing costing and related financial analysis.

Computer Skills

Statistical: SPSS

Programming: WinCATI, Ci3, TeleForm,

Database: Access,

Other: MS Office, Access, SQL, QuickBooks